Appl	licant Company Name: <u>Cer</u>	ntene Corporation		NAIC No.	None	7
		Uniform Certificate of BIOGRAPH	Authority Application			
may	ne extent permitted by law, the be required to provide addition of or lived and worked internated	onal information during	confidential by the sta the third-party verific	te insurance ation proces	regulatory as	uthority. The affiant e attended a foreign
		(Pri	nt or Type)			
Full : requi	name, address and telephone ired (Do Not Use Group Nam	number of the present o	r proposed entity und	er which thi	s biographica	d statement is being
_	Centene Corpo	oration; 7700 Forsyth Bi	lvd., St. Louis, MO 63	105; 314-72	5-4477	
-						
ANS	onnection with the above-na nafter set forth. (Attach add WER IS "NO" OR "NONE LD DELAY THE APPLICA' Affiant's Full Name (Init	endum or separate sheet," SO STATE ALL F TON PROCESS or REL	if space hereon is in IHLDS MUST HAVI ISLT IN REJECTION	sufficient to E A RESPO FOF THE A	answer any DNSE INCO PPLICATION	question fully.) IF DMPLETE FORMS N.
2.		of the United States?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- A	1414-120441111	
		No [
		of any other country?				
		No [
	If yes, what cour					
3.	-	-				
4.	Affiant's occupation or pr				t Corporatio	<u>n</u>
4.	Affiant's business address					
,,	Business telephone: None		Business Email: //	Vone		
5.	Education and training:					
	ge/University	City/State	Dates Att	ended (MM)	<u>(YY)</u>	Degree Obtained
Unive	ersidad Jorge Tadeo Lozano	Bogota, Colombia	N3/1	77 _ 03/80		DC A

Other Training: Name City/State Dates Attended (MM/YY) Degree/Certification Obtained

None

City/State

If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information. *Universidad Jorge Tadeo Lozano:* 011 571 242 7030. Carrera 4a#22-61 Bogota D.C. Colombia

Dates Attended (MM/YY)

Degree Obtained

College/University

Graduate Studies

None

Note:

Аррис	ant Company Name: <u>Centene</u>	Corporation	NAIC No FEIN:	
			_	42-1406317
6,	List of memberships in profes	sional societies and assoc	iations:	
	Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
	None			
7,	Present or proposed position v	vith the Applicant Compa	ny: <i>Director</i>	
8.	officerships). Please list the m	ons, partnerships, owner o nost recent first. Attach ad one numbers and supervi	f an entity, administrator, m ditional pages if the space p isory information for the	ensated or otherwise (up to and nanager, operator, directorates of provided is insufficient. It is only past ten (10) years. Additional anal employers.
	ing/Ending MM/YY): <u>09/11</u> - <u>Presen</u> t	Employer's Name:0	Centenc Corporation (Affian	nt is not an employee)
Address	s 7700 Forsyth Boulevard	City: St. Louis	State/Provis	nce: Missouri
Country	V Postal Code	: <u>63105</u> Phone: <u>314</u>	4-725-4477 Offices/Position	s Held: <i>Director</i>
	Business: Health Insurance			De l'Artenne de la company
	ing/Ending MM/YY): <u>1991</u> – <u>2016</u>	Employer's Name: Mi	crosoft Corporation	
Address	: One Microsoft Way	City: Redmond	State/Provir	nce: Washington
Country	r: <u>USA</u> Postal Code: <u>98052</u>	Phone: <u>425-706-0522</u>	Offices/Positions Held: <u>Cha</u>	irman, Emerging Markets
Type of	Business: <u>Technology</u>	Supervisor/Contact: Ke	evin Turner, Chief Operatin	ng Officer / 425-705-1101
	ng/linding MM/YY):	Employer's Name:		
Address	X	City:	State/Provin	ce:
				s Held:
Type of	Business:	Superviso	or/Contact:	
Beginnia	ng/Ending			
				ce:
				Held:
	Business:			

Appli	cant Con	npany Name; Centene Corporation	NAIC No. None FEIN: 42-1406317
9.	a.	Have you ever been in a position whi	ch required a fidality bond?
52%	•••	Yes No X	en required a fidelity bolid?
			give details: <i>None</i>
	b.	Have you ever been denied an indi- revoked?	vidual or position schedule fidelity bond, or had a bond canceled or
		Yes No X	
		If yes, give details: None	
10,	or go in the the lic numb are re repres pages	vernmental licensing agency or regulator past. For any non-insurance regulatory is censing authority or regulatory body haver is your Social Security Number (SSN) asonably identifiable as your SSN, then sented by your SSN, (For example, "SS if the space provided is insufficient.	onal licenses (including licenses to sell securities) issued by any public y authority or licensing authority that you presently hold or have held stuer, identify and provide the name, address and telephone number of any jurisdiction over the license (s) issued. If your professional license or embeds your SSN or any sequence of more than five numbers that write SSN for that portion of the professional license number that is N°, "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional
Organ	ization/l	ssuer of License:	Address
			Country: Postal Code:
			Date Issued (MM/YY):
			r Termination:
			Address:
			Country Postal Code:
Licens	е Туре:_	License #:	Date Issued (MM/YY):
			Termination:
11.	In resp	oonding to the following, if the record ha cord was sealed or expunged, an affiant n	s been sealed or expunged, and the affiant has personally verified that hay respond "no" to the question. Have you ever:
	a.	Been refused an occupational, profess any public administrative, or government	sional, or vocational license or permit by any regulatory authority, or ental licensing agency?
		Yes No X	
	b.	Had any occupational, professional, o any judicial, administrative, regulatory	r vocational license or permit you hold or have held, been subject to o, or disciplinary action?

int Co	ompany Name: <u>Centene</u>	Corporation	NAIC No. 1ºEIN:	None 42-1406317
	Yes No	X		
C.	Been placed on proba- license or permit in an	tion or had a fine levied aga ny judicial, administrative, r	inst you or your occupati egulatory, or disciplinary	onal, professional, or vocational action?
	Yes No	X		
\mathbf{d}_{\odot}	Been charged with, or	indicted for, any criminal c	offense(s) other than civil	traffic offenses?
	Yes No [X		
e.	Pled guilty, or nolo offenses?	contendere, or been convi	cted of, any criminal o	ffense(s) other than civil traffic
	Yes No	X		
$\mathbf{f}_{\underline{z}}$	Had adjudication of gu suspended, or been pa traffic offenses?	uilt withheld, had a sentence ardoned, fined, or placed of	e imposed or suspended, i on probation, for any cri	had pronouncement of a sentence minal offense(s) other than civil
	Yes No	X		
	administrative, regulatory, regulating the business of	or disciplinary action, from	violating any federal, sta anking, or from carryin	y or permanently, in any judicial, ite law or law of another country g out any particular practice or
	Yes No No	X		
h.	Been, within the last ten (financial dispute?	(10) years, a party to any	civil action involving d	ishonesty, breach of trust, or a
	Yes X No			
	provisions of small loan la	e Comptroller of any state two, banking or trust compared to the Comptroller	any laws, or credit union	nent that you have violated any laws, or that you have violated ral Government?
	Yes No	X		
j. 1	lad a lien or foreclosure ac	ction filed against you or an	y entity while you were a	ssociated with that entity?
		X		
	f the response to any ques Attach a copy of the compla	stion above is yes, please pa aint and filed adjudication o	rovide details including or r settlement as approprial	lates, locations, disposition, etc.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate

int Coi	mpany Name: Centene Corporation	NAIC No. None
		FEIN: <u>42-1406317</u>
holds	e held by the person. Control shall be presumed to exist with the power to vote, or holds proxies representing, to person. <i>None</i>	en percent (10%) or more of the voting securities of any
If any	y of the stock is pledged or hypothecated in any way, give	e details. <i>None</i>
or of regul direct	Will you or members of your immediate family individuate record, 10% or more of the outstanding shares of stocatory authority, or its affiliates? An "affiliate" of, or persuly, or indirectly through one or more intermediaries, couthe person specified.	ck of any entity subject to regulation by an insurance son "alliliated" with a specific person is a person that
Yes	No X	
II yes the or <u>None</u>	s, please identify the company or companies in which the atstanding voting securities.	e cumulative stock holdings represent 10% or more of
		T
	of the shares of stock are pledged or hypothecated in an	
None		
_		
Have	you ever been adjudged a bankrupt?	
Yes	No X	
If voe	, provide details:	
ii yes	, provide details.	
were stockl	our knowledge has any company or entity (including entity an officer or director, trustee, investment committee holder, had any of the following events occur while you any level provide the group code	member, key management employee or controlling
1.	Been refused a permit, license, or certificate of authlicensing agency?	hority by any regulatory authority, or governmental-
	Yes No X	
).	to any judicial, administrative, regulatory, or disci	pended, revoked, canceled, non-renewed, or subjected plinary action (including rehabilitation, liquidation, occeding, state insolvency, supervision or any other
	Yes No X	
ċ.	Been placed on probation or had a fine levied again authority in any civil, criminal, administrative, regulated	nst it or against its permit, license, or certificate of tory, or disciplinary action?

Applicant Company Name: Centene Corporation	NAIC No. <u>None</u>							
	FEIN: 42-1406317							
	If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.							
	15(c): From time to time, Centene Corporation and its subsidiaries have had fines levied against them as a result							
	of state, federal and/or government contract performance measures, reviews or examinations in various jurisdictions in which these entities do business. None of these entities has been placed on probation nor had its license suspended or revoked. Fines levied against these entities occurred during the normal course of business,							
	and I was not personally held responsible or culpable in any of these actions.							
Note: If an affiant has any doubt about the accuand an explanation provided.	aracy of an answer, the question should be answered in the positive							
under penalty of perjury that I am acting on my own behalof my knowledge and belief. X I hereby acknowledge that I may be contacted to prov								
(Signature of Affiant) State of: Missouri County of: St. Loui The foregoing instrument was acknowledged before me thi	iss, 2019 by Orlando Ayala-							
Lozano, and:								
X who is personally known to me, or								
who produced the following identification:								
[SEAL]	Motary Public Michelle M. Williamson Printed Notary Name June 5, 2020							
MICHELLE M. WILLIAMSON Notary Public - Notary Seal STATE OF MISSOURI St. Louis County My Commission Expires: June 5, 2020 Commission # 12570454	My Commission Expires							

Attachment A

Biographical Affidavit Response to Question 11(h)

As a director of Centene Corporation ("Centene"), I have been a named party to the following lawsuits:

- On June 11, 2012, Centene reduced its annual earnings guidance primarily as a result of higher than
 anticipated medical costs in certain of its markets. A lawsuit alleging violations of securities laws
 in connection with the earnings guidance was filed in Missouri State court on August 6, 2012 and
 was dismissed on October 22, 2012.
- On January 24, 2018, a derivative action was filed by plaintiff Harkesh Parekh against Centene and certain of its officers and directors in the United States District Court for the Eastern District of Missouri. Plaintiff purports to bring suit derivatively on behalf of Centene against certain officers and directors for violation of securities laws, breach of fiduciary duty, waste of corporate assets and unjust enrichment. This derivative lawsuit is related to the November 14, 2016 putative federal securities class action, Israel Sanchez v. Centene Corp., et al., to which I was not a named party.

A second shareholder derivative action was filed on March 9, 2018, by plaintiffs Laura Wood and Peoria Police Pension Fund. A third shareholder derivative action was filed on December 14, 2018, by plaintiffs Carpenter Pension Fund of Illinois and Iron Workers Local 11 Pension Fund. The second and third derivative suits largely repeat the allegations in the securities class action and the first derivative suit. On January 9, 2019, the Court consolidated the three derivative suits and established a schedule for determining lead plaintiff and lead counsel. On February 5, 2019, plaintiffs in the three derivative suits filed a consolidated amended complaint. Lead plaintiffs and counsel have been appointed. On February 22, 2019, Centene moved to stay the consolidated derivative action pending resolution of the Sanchez matter. That motion has not yet been decided.

Appli	cant Company Name: Co	entene Corporation	NAIC No. None FEIN: 42-140	06317
		Ti-te C	2.89 - 28	
			hority Application (UCAA) AL AFFIDAVIT	
may t	e extent permitted by law, to be required to provide addit I or lived and worked intern	ional information during the nationally.	idential by the state insurance regulato third-party verification process if they	ry authority. The affiant have attended a foreign
		(Print a	• •	
Full n requir	ame, address and telephone red (Do Not Use Group Nar		oposed entity under which this biograp	hical statement is being
	Centene Corp	oration; 7700 Forsyth Blvd.,	St. Louis, MO 63105; 314-725-4477	
ANSV	natter set forth, (Attach add WER IS "NO" OR "NON LD DELAY THE APPLICA	lendum or separate sheet if s E," SO STATE, ALL FIEL ATION PROCESS or REUSL	ke representations and supply inform space hereon is insufficient to answer DS MUST HAVE A RESPONSE. IN THE APPLICA	any question fully.) IF NCOMPLETE FORMS FION
1		tials Not Acceptable); First: J	<u>essica</u> Middle: <u>Landrus</u> Last: <u>Blu</u>	me
2	a Are you a citize	en of the United States?		
	Yes X	No		
	b. Are you a citize	en of any other country?		
	Yes	No X		
	If yes, what cou	intry?		
3.	Affiant's occupation or p	profession: Retired	·=	
4.	Affiant's business addre	ss: <u>3139 Founders Club Driv</u> e	e, Sarasota, Florida 34240	
	Business telephone: 941	371-1872	Business I mail blume 1323@g.	nail.com
5.	Education and training:			
Colleg	e/University	City/State	Dates Attended (MM/YY)	Degree Obtained
Unive	rsity of Central Florida	Orlando, Florida	01/77 - 03/80	BS

Graduate Studies

College/University

City/State

Dates Attended (MM/YY)

Degree Obtained

None

Other Training: Name

City/State

Dates Attended (MM/YY)

Degree/Certification Obtained

None Note:

If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applie	ant Company Name:(Centene Corporation	NAIC No.	
				42-1406317
6.	List of memberships in	professional societies and a	ssociations:	
	Name of Society/Association International	Contact Name	Address of Society/Association	Telephone Number of Society/Association
	Women's Form- Suncoast	Kim Noves	6120 S Lockwood Ridge Sarasota, FL 34231	941-925-2970
	Women Corporate Directors	Lori Nissen	100 N Tampa Avenue Tampa, FI. 33602	813-223-1466
7.	Present or proposed po	sition with the Applicant Co	mpany: <i>Director</i>	-
8.	officerships). Please lis necessary to provide	positions, partnerships, own at the most recent first. Attact telephone numbers and su	ner of an entity, administrator, in additional pages if the space	pensated or otherwise (up to and manager, operator, directorates of provided is insufficient. It is only past ten (10) years. Additional conal employers.
	ing/Ending MM/YY): <u>02/18-<i>Presen</i></u>	<u>t</u> Employer's Name: <u>Centen</u>	e Corporation	
Address	s: 7700 Forsyth Bouleva	<i>rd</i> City: <i>Saint Louis</i> State/P	rovince: Missouri	
Country	7: <u>USA</u> Postal Code: <u>631</u>	<i>05</i> Phone: <i>314-725-4477</i> Of	ices/Positions Held: <i>Board Mer</i>	nber
			ichael Neidorff, 314-725-4477	_ _
Beginni	ng/Ending	Employer's Name: Publix		
Address	3300 Publix Corporate	Parkway City: Lakeland S	ate/Province: Florida	
Country	: <u>USA</u> Postal Code: <u>338</u>	11 Phone: <u>800-242-1227</u> Off	ices/Positions Held: Board Men	<u>nher</u>
Type of	Business: <u>Supermarket</u>	Chain Supervisor/Contact: I	Ed Crenshaw, Board Chair	
	ng/Ending MM/YY): <u>05/89</u>	08/15 I mployer's Name	z_Deloitte, LLP	
Address	: 30 Rockefeller Plaza	City: New Yor	k State/Provi	nce New York
Country	:Posta	d Code: 10112 Phone	212-492-4000 Offices/Position	is Held: <i>Vice Chairman</i>
Type of	Business: Professional	Services Supe	rvisor/Contact Partner Matter	rs Department
	ng/Ending MM/YY):	Employer's Name		
Address	<u> </u>	Cīty:	State/Provi	nce
				s Held
			rvisor/Contact:	

Applic	ant Com	pany Name: Centene Corporation	NAIC No FEIN:	None 42-1406317
0			- 12 WC7	
9.	a.	Have you ever been in a position which requi	red a fidelity bond?	
		Yes No X		
		If any claims were made on the bond, give do	tails:	
	b.	Have you ever been denied an individual or revoked?	position schedule fidelity bor	nd, or had a bond canceled or
		Yes No X		
		If yes, give details:		
	the lice number are rear represe	ernmental licensing agency or regulatory authorisat. For any non-insurance regulatory issuer, idensing authority or regulatory body having juris r is your Social Security Number (SSN) or emboundably identifiable as your SSN, then write Sated by your SSN. (For example, "SSN", "12 of the space provided is insufficient.	entify and provide the name, ad diction over the license (s) issue eds your SSN or any sequence of SN for that portion of the profe	ldress and telephone number of ed. If your professional license of more than five numbers that essional license number that is
Organi	zation/Iss	uer of License: Florida Division of Certified P	ablic Accountants Address: 24	10 NW 76th Drive, Suite A
City: G	<u>ainesyill</u>	<u>e</u> State/Province: <u>Florida</u> Country: <u>USA</u> Postal	Code: <u>32607</u>	
License	2 Type: <u>C</u>	<u>PA License #: AC0014210</u> Date Issued (MM/Y	Y): <u>05/84</u>	
Date E	xpired (M	(M/YY): 12/19 Reason for Termination N/A -	<u>Active</u>	
Non-In	surance F	Regulatory Phone Number (if known)	<i>v</i> n	
Organi	zation/Iss	uer of License:	\ddress:	
		State/Province:		
		License #		
		IM/YY):Reason for Termin		
Non-In	surance R	Regulatory Phone Number (if known):		
11.	In respo	onding to the following, if the record has been s ord was scaled or expunged, an affiant may resp	ealed or expunged, and the affir and "no" to the question. Have	int has personally verified that you ever:
	a.	Been refused an occupational, professional, o any public administrative, or governmental lie	vocational license or permit hensing agency?	y any regulatory authority, or
		Yes No X		
	b.	Had any occupational, professional, or vocati any judicial, administrative, regulatory, or disc	onal license or permit you hold iplinary action?	or have held, been subject to

	Yes No X
	Yes No X
c.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocation license or permit in any judicial, administrative, regulatory, or disciplinary action?
	Yes No X
d	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
	Yes No X
e	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil train offenses?
	Yes No X
Ľ.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a senter suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than citraffic offenses?
	Yes No X
re	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judici administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another coun regulating the business of insurance, securities or banking, or from carrying out any particular practice practices in the course of the business of insurance, securities or banking?
	Yes No X
h. B fii	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or financial dispute?
	Yes No X
pr	Had a finding made by the Comptroller of any state or the Federal Government that you have violated a provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violating or regulation lawfully made by the Comptroller of any state or the Federal Government?
	Yes No X
j. H	lad a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No X
И	If the response to any question above is yes, please provide details including dates, locations, disposition, el Attach a copy of the complaint and filed adjudication or settlement as appropriate

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate

ant Co	mpany Name: Centene Corporation	NAIC No	None 42-1406317			
hold	te held by the person. Control shall be presumed to s with the power to vote, or holds proxies representing a person.	g, ten percent (10%) or me	tly or indirectly, owns, controls ore of the voting securities of any			
Non						
-						
If an	y of the stock is pledged or hypothecated in any way,	give details				
or of regul direc	Will] you or members of your immediate family indifferenced, 10% or more of the outstanding shares of latory authority, or its affiliates? An "affiliate" of, or ty, or indirectly through one or more intermediaries the person specified.	stock of any entity subje- person "affiliated" with a	et to regulation by an insurance			
Yes	No X					
If ye the o	yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.					
If an	any of the shares of stock are pledged or hypothecated in any way, give details.					
	of the shares of stock are pleaged of hypothecated in	n any way, give details.				
Have	you ever been adjudged a bankrupt?					
Yes	No V					
If yes	s, provide details:					
_		-				
were stock	our knowledge has any company or entity (including an officer or director, trustee, investment commit holder, had any of the following events occur while any level provide the group code	tee member, key manage	ement employee or controlling			
a.	Been refused a permit, license, or certificate of licensing agency?	authority by any regulate	ory authority, or governmental-			
	Yes No X					
b.	Had its permit, license, or certificate of authority to any judicial, administrative, regulatory, or o receivership, conservatorship, federal bankruptey similar proceeding)?	disciplinary action (include	ling rehabilitation liquidation			
	Yes No X					
c.	Been placed on probation or had a fine levied authority in any civil, criminal, administrative, reg	against it or against its p gulatory, or disciplinary ac	ermit, license, or certificate of tion?			
	Yes X No					

Applicant Company Name: Centene Corporation	=	None
	FEIN:	42-1406317
If the answer to any of the above is yes, please indicate and affiant should also include any events within twelve (12) mon	give details. When res oths after his or her de	sponding to questions (b) and (c), parture from the entity.
15(c): From time to time, Centene Corporation and its subsoft state, federal and/or government contract performan	sidiaries have had find	es levied against them as a result
jurisdictions in which these entities do business. None of the	hese entities has been	placed on probation nor had its
license suspended or revoked. Fines levied against these en	itities occurred during	<u>g the normal course of business,</u>
and I was not personally held responsible or culpable in any	of these actions.	· · · · · · · · · · · · · · · · · · ·
Note: If an affiant has any doubt about the accuracy of an a and an explanation provided.	answer, the question s	hould be answered in the positive
Dated and signed this <u>16th</u> day of <u>April</u> , 20 <u>19</u> at under penalty of perjury that I am acting on my own behalf and that the of my knowledge and belief.	St. Louis, Missouri he foregoing statemen	I hereby certify tts are true and correct to the best
X I hereby acknowledge that I may be contacted to provide addition	al information regardi	ng international searches.
(Signature of Affiant)		
State of: Missouri County of: St. Louis	-	
The foregoing instrument was acknowledged before me this 16th day	y of <u>April</u> .	, 20 <u>19</u> by <u>Jessica L. Blume</u> ,
and:		
X who is personally known to me, or		
who produced the following identification:		
		Orborah Cum
[SEAL]		Notary Public
		Deborah Cross Printed Notary Name
DEBORAH CROSS		October 21, 2020
Notary Public - Notary Seal STATE OF MISSOURI St. Charles County My Commission Expires: Oct. 21, 2020 Commission # 12406516	M	ly Commission Expires

Applica	ant Company Name: Centene Corporation NAIC No. None FEIN: 42-1406317
	Uniform Certificate of Authority Application (UCAA) BIOGRAPHICAL AFFIDAVIT
may be	extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant required to provide additional information during the third-party verification process if they have attended a foreign or lived and worked internationally. (Print or Type)
Full na require	me, address and telephone number of the present or proposed entity under which this biographical statement is being d (Do Not Use Group Names).
	Centene Corporation; 7700 Forsyth Blvd., St. Louis, MO 63105, 314-725-4477
_	
hereina ANSW	nection with the above-named entity, I herewith make representations and supply information about myself as after set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF IER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS D DELAY THE APPLICATION PROCESS or REUSLT IN REJECTION OF THE APPLICATION.
1.	Affiant's Full Name (Initials Not Acceptable): First: <u>Christopher</u> Middle: <u>Donald</u> <u>Last: Bowers</u>
2.	a. Are you a citizen of the United States?
	Yes X No
	b. Are you a citizen of any other country?
	Yes No X
	If yes, what country?
3.	Affiant's occupation or profession: <u>Executive Vice President</u> , <u>Markets</u>
4.	Affiant's business address 7700 Forsyth Blvd., St. Louis, MO 63105
	Business telephone: 314-725-4477 Business Email: cbowers@centene.com
5.	Education and training:

College/University City/State Dates Attended (MM/YY) Degree Obtained Ferris State University Big Rapids, MI 09/73-05/78 **Graduate Studies** College/University City/State Dates Attended (MM/YY) Degree Obtained Western Michigan University Kalamazoo, MI 1979-1980 None Other Training: Name City/State Dates Attended (MM/YY) Degree/Certification Obtained

None Note:

If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applic	ant Company Name Cente	ne Corporation	NAIC No FEIN:	None 42-1406317
			PEIN: _	_42-1406317
6.	List of memberships in pro	fessional societies and assoc	ciations:	
	Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
	None			
				200
7.	Present or proposed positio	n with the Applicant Compa	nny: <u>Executive Vice Presiden</u>	nt, Markets
8.	including present jobs, pos officerships). Please list the necessary to provide tele	itions, partnerships, owner or most recent first. Attach a phone numbers and superv	of an entity, administrator, m dditional pages if the space p	ensated or otherwise (up to and anager, operator, directorates or rovided is insufficient. It is only past ten (10) years. Additional anal employers.
	ning/Ending (MM/YY): <u>11/16</u> - Pres	ent Employer's Name:	Centene Corporation	
Addres	ss: 7700 Forsyth Blvd.	City: St. Louis	State/Provin	nce: MO
Countr	y: USA Postal C	ode: 63105 Phone: 31	4-725-4477 Offices/Position	s Held: EVP, Markets
Туре о	f Business: Health care	Supervi	sor/Contact: Michael Neidor	<u>rr</u>
	ning/linding (MM/YY): 01/08 - 11/	6 Employer's Name:_	Centene Corporation	
Addres	ss:_7700 Forsyth Blvd	City St. Louis	State/Provir	nce: MO
Countr	y: USA Postal C	ode; 63105 Phone;31	4-725-4477 Offices/Position	s Held: SVP, Health Plans
Туре о	f Business: Health care	Supervi	sor/Contact: Rone Baldwin	
	ning/Ending (MM/YY): <u>04/02</u> - <u>12/</u> 0	07 Employer's Name:_	Superior Health Plan	
Addres	ss: 2100 South III 35, Suite 2	02 City: Austin	State/Provir	nce:_TX
Countr	y: USA Postal C	ode: 78704 Phone:	N/A Offices/Position	s Held: President and CFO
Туре о	d'Business: Health care	Supervi	sor/Contact: Karey Witty	
	ning/linding (MM/YY): <u>07/85</u> - <u>04/0</u>	2 Employer's Name:_	Bronson Healthcare Group/U	nited Health Care
Addres	ss: One Health Care Plaza	City: Kalamazoo	State/Provir	nce: MI
Countr	y: USA Postal C	ode: 49001 Phone: 1	N/A Offices/Position	s Held <u>Director, Asst. VP & VP</u>
Type o	of Business: Health care	Supervi	sor/Contact: N/A	

Applica	int Comp	any Name: Centene Corporation		VIC No. None IN: 42-1406317	
			r)	11N: <u>42-140031</u> 7	<u>' </u>
9.	a.	Have you ever been in a position which t	equired a fidelity bond?		
		Yes No X			
		If any claims were made on the bond, giv	e details:		
	b.	Have you ever been denied an individurevoked?	al or position schedule	fidelity bond, or had a	a bond canceled or
		Yes No X			
		If yes, give details:			
10.	or gove in the p the lice number are reas represer pages if	y professional, occupational and vocational ammental licensing agency or regulatory a ast. For any non-insurance regulatory issuensing authority or regulatory body having is your Social Security Number (SSN) or sonably identifiable as your SSN, then wrated by your SSN. (For example, "SSN", I the space provided is insufficient.	uthority or licensing auter, identify and provide jurisdiction over the licenbeds your SSN or arite SSN for that portion, "12-SSN-345" or "12:	nority that you presently the name, address and to use (s) issued. If your pays sequence of more that of the professional lice 4-SSN" (last 6 digits))	y hold or have held elephone number of professional license in five numbers that ense number that is). Attach additional
Organia	ation/lss	uer of License:	Address:		
		State/Province:			
		License #:			
Date Ex	cpired (M	IM/YY):Reason for T	ermination:		
Non-In	surance R	Regulatory Phone Number (if known):			
Organia	ation/Iss	uer of License:	Address:		
City:		State/Province:	Country:	Postal Code	%
License	: Туре:	License #:	Date Issue	I (MM/YY):	
Date Ex	cpired (M	IM/YY): Reason for T	ermination:		
Non-In	surance R	Regulatory Phone Number (if known):			
$\Pi_{\mathbb{R}}$	In respo	onding to the following, if the record has bord was sealed or expunged, an affiant may	cen sealed or expunged, respond "no" to the que	and the affiant has pers stion. Have you ever:	sonally verified that
	a.	Been refused an occupational, profession any public administrative, or government		or permit by any regu	ilatory authority, or
		Yes No X			
	b.	Had any occupational, professional, or v		nit you hold or have he	eld, been subject to

	ompany Name: Centene Corporation NAIC No. None FEIN: 42-1406317
	Yes No X
C.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocatio license or permit in any judicial, administrative, regulatory, or disciplinary action?
	Yes No X
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
	Yes No X
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil trooffenses?
	Yes No X
ſ.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sent suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than traffic offenses?
	Yes No X
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judi administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another couregulating the business of insurance, securities or banking, or from carrying out any particular practice practices in the course of the business of insurance, securities or banking?
	Yes No X
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, financial dispute?
	Yes No X
Ĩ.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
	Yes No X
ĵ.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No X
	If the response to any question above is yes, please provide details including dates, locations, disposition,

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate

Applic	ant Comp	any Name: Centene Corporation	NAIC No. ₋ FEIN:	None 42-1406317
	holds w	neld by the person. Control shall be presumed to exit the power to vote, or holds proxies representing, to erson. None	st if any person, direcent (10%) or m	etly or indirectly, owns, controls,
	If any c	of the stock is pledged or hypothecated in any way, giv	re details	
13.	or of regulate directly	ill] you or members of your immediate family individuated the cord, 10% or more of the outstanding shares of stoory authority, or its affiliates? An "affiliate" of, or per a rindirectly through one or more intermediaries, core person specified.	ck of any entity subjection "affiliated" with,	eet to regulation by an insurance a specific person, is a person that
	Yes [No X		
		please identify the company or companies in which the standing voting securities.	ne cumulative stock ho	oldings represent 10% or more of
	If any o	of the shares of stock are pledged or hypothecated in a	ny way, give details.	11
14.;	Yes [ou ever been adjudged a bankrupt? No X provide details:		
	II yes,	novide details.		
15,	were a	r knowledge has any company or entity (including ent n officer or director, trustee, investment committee older, had any of the following events occur while yo ny level provide the group code1295	member, key mana	gement employee or controlling
	a.	Been refused a permit, license, or certificate of aulicensing agency?	thority by any regula	atory authority, or governmental-
		Yes No X		
	b.	Had its permit, license, or certificate of authority su to any judicial, administrative, regulatory, or dis receivership, conservatorship, federal bankruptcy p similar proceeding)?	ciplinary action (incl	uding rehabilitation, liquidation,
		Yes No X		
	c.	Been placed on probation or had a fine levied ag authority in any civil, criminal, administrative, regul		
		Yes X No		

Applicant Company N	Vame:_	Centene Corporation	NAIC No.	None
		•	FEIN:	42-1406317
If the answe affiant shoul	r to any d also i	y of the above is yes, please indicate include any events within twelve (12	and give details. When res) months after his or her dep	ponding to questions (b) and (c), parture from the entity.
state, federal which these or_revoked.	and/or entities Fines	o time, Centene Corporation and its r government contract performance r do business. None of these entities levied against these entities occur ponsible or culpable in any of these a	measures, reviews or examination is has been placed on probate ted during the normal countries.	nations in various jurisdictions in ion nor had its license suspended
		nt has any doubt about the accuracy of state of the securacy o	of an answer, the question sl	hould be answered in the positive
Dated and signed this under penalty of perju of my knowledge and	iry tha	day of, 2 t I am acting on my own behalf and	20 <u>19</u> at <u>St. Louis, Misso</u> that the foregoing statemen	ouri
May	D	hat I may be contacted to provide add	ditional information regardi	ng international searches.
State of: Missouri		County of: St. Louis		
		as acknowledged before me this <u>16</u>	th day of <u>April</u> ,	2019 by Christopher D.
${f X}$ who is personally	know	n to me, or		
who produced the	follov	ving identification:	•	
[SEAL]	M	JOAN E. PRICE Notary Public - Notary Seal STATE OF MISSOURI St. Lonis County by Commission Expires: Mar. 21, 2021 Commission # 17971276		Notary Public Joan E. Price Printed Notary Name March 21, 2021 ly Commission Expires

Applicant Company Nam	e:Centene Corporation		NAIC No. Nor	ne 406317	
		ate of Authorit	y Application (UCAA) .FFIDAVIT		
To the extent permitted by may be required to provide school or lived and worker	de additional information	during the third	ial by the state insurance regul party verification process if th	atory authority. The affiant sey have attended a foreign	
		(Print or Ty	pe)		
Full name, address and to required (Do Not Use Gro	elephone number of the propup Names).	esent or propose	d entity under which this biog	raphical statement is being	
Center	ne Corporation, 7700 Fors	vth Blvd., St. Lc	uis, MO 63105, 314-725-4477		
<u> </u>					
hereinafter set forth. (Att ANSWER IS "NO" OR	ach addendum or separat "NONE," SO STATE.	e sheet if space ALL FIELDS 1	epresentations and supply inf hereon is insufficient to answ MUST HAVE A RESPONSE REJECTION OF THE APPLE	ver any question fully.) IF INCOMPLETE FORMS	
1. Affiant's Full Na	ame (Initials Not Acceptab	le): First: <u>Ma</u>	rk Middle: Joseph	Last: Brooks	
2. a. Are you	a citizen of the United St	ates?			
Yes	X No				
b. Are you	a citizen of any other cou	ntry?			
Yes	No X				
If yes, v	what country?				
3. Affiant's occupa	tion or profession: Execu	tive Vice Presid	ent, Chief Information Officer		
4. Affiant's busines	ss address: 7700 Forsyth	Boulevard, Clay	ton, Missouri 63105		
Business telepho	Business telephone: 314-505-6076 Business Email: mark.brooks@centene.com				
5. Education and tr	aining:				
College/University	City/State		Dates Attended (MM/YY)	Degree Obtained	
University of California,	Davis Davis, CA		1987-1999	BA Economics	
Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained	

Project Management Institute Sacramento, CA 2001 PMP

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Dates Attended (MM/YY)

Davis, CA

1999-2002

MBA

Degree/Certification Obtained

Other Training: Name

University of California, Davis

City/State

Applica	int Company Name: Centen	e Corporation		None 42-1406317
6.	List of memberships in profe	ssional societies and asso	_	12 100311
35	Name of Society/Association None	Contact Name	Address of Society/Association	Telephone Number of Society/Association
		01=		
7.	Present or proposed position	with the Applicant Comp	any: Executive Vice Preside	nt, Chief Information Officer
8.	including present jobs, positi officerships). Please list the i necessary to provide teleph	ions, partnerships, owner most recent first. Attach a tone numbers and super	of an entity, administrator, nudditional pages if the space r	ensated or otherwise (up to and nanager, operator, directorates or provided is insufficient. It is only past ten (10) years. Additional onal employers.
	ing/Ending MM/YY): 03/16 - Preser	nt Employer's Name:_	Centene Corporation	
Address	s: 7700 Forsyth Boulevard	City: <u>Clayton</u>	State/Provi	nce: Missouri
Country	γ: USA Postal Cod	le: 63105 Phone: 3	14-505-6076 Offices/Position	s Held: EVP, CIO
Type of	Business: <u>Health care</u>	Supervi	sor/Contact: Michael F. Nei	dorfT
	ing/Ending MM/YY): <u>07/04</u> - <u>03/16</u>	Employer's Name:_	Health Net, Inc.	
Address	s: 12033 Foundation Place	City: Rancho Co	rdova State/Provi	nce: California
Country	r:_USA Postal Cod	le: 95670 Phone: 9	16-935-1722 Offices/Position	s Held: <u>ClO</u>
Турс о	Business: Health care	Supervi	sor/Contact: James Woys	
	ing/Ending MM/YY): <u>05/00</u> - <u>06/04</u>	Employer's Name:_	Veritas Software	
Address	s: 350 Ellis Street	City: Mountain \	/jewState/Provi	nce California
Country	r:_USA Postal Cod	le: 94043 Phone: 4	15-653-6550 Offices/Position	s Held: Sr. Director, App Dev
Type of	Business: Computer softwar	e Supervi	sor/Contact: Greg Valdez	
	ng/Ending MM/YY): <u>05/95</u> - <u>05/00</u>	Employer's Name:_	The Clorox Company	
Address	s:_1221_Broadway	City: Oakland	State/Provi	nce: California
Country	:_USA Postal Cod	le: 94612 Phone: 5	10-635-1200 Offices/Position	s Held: Manager, App Dev
Type of	Business: Soap/Detergent Ma	nufacturing Supervi	sor/Contact: Rory Logrotta	

Applica	int Comp	any Name:	Centene Corporation		NAIC No.	
					FEIN: _	42-1406317
9.	a.	Have you ev	er been in a position w	hich required a fidelity be	ond?	
		Yes	No X			
		If any claim	s were made on the bon	d, give details:		
	b.	Have you e	ver been denied an inc	lividual or position sche	dule fidelity b	ond, or had a bond canceled or
		Yes	No X			
		If yes, give	details:			
10.	or gove in the pa the licer number are reas represer pages if	rnmental lice ast. For any n nsing authorit is your Socia ionably identi nted by your the space pro	nsing agency or regulat on-insurance regulatory y or regulatory body ha il Security Number (SSI fiable as your SSN, the SSN. (For example, "Sovided is insufficient.	ory authority or licensing issuer, identify and proviving jurisdiction over the N) or embeds your SSN on write SSN for that possible, "12-SSN-345" or	g authority that yide the name, e license (s) is or any sequence rtion of the pre "1234-SSN" (Il securities) issued by any public t you presently hold or have held address and telephone number of sued. If your professional license se of more than five numbers that ofessional license number that is (last 6 digits)). Attach additional
Organiz	ation/Iss	uer of Licens	3.	Address		
City:		Sta	nte/Province:	Country:		Postal Code
License	Туре		License #:	Date I	ssued (MM/Y	Y):
Date Ex	pired (M	M/YY):	Reason	for Termination:		
Non-Ins	surance R	Regulatory Ph	one Number (if known)			
Organiz	ation/Iss	uer of License	et	Address:		
City:		Sta	ite/Province:	Country:		_ Postal Code:
License	Туре:		License #:	Date I	ssued (MM/Y	Y):
Date Ex	pired (M	M/YY):	Reason	for Termination:		
Non-Ins	surance R	legulatory Ph	one Number (if known)	:		
11.	In respo	onding to the lord was scaled	ollowing, if the record or expunged, an affian	has been sealed or expunt may respond "no" to the	ged, and the a e question. Ha	ffiant has personally verified that we you ever:
	a.	Been refuse any public a	d an occupational, profe dministrative, or govern	essional, or vocational li- nmental licensing agency	cense or perm ?	it by any regulatory authority, or
		Yes	No X			
	b.	Had any occany judicial	upational, professional administrative, regulat-	or vocational license or ory, or disciplinary action	r permit you h n?	old or have held, been subject to

	ompany Name: Centene Corporation	1	NAIC No FEIN: _	None 42-1406317
	Yes No X			
c.	Been placed on probation or had license or permit in any judicial,	a fine levied against you administrative, regulatory	or your occupati	onal, professional, or vocationa action?
	Yes No X			
d.	Been charged with, or indicted for	or, any criminal offense(s)	other than civil	traffic offenses?
	Yes No X			
e.	Pled guilty, or nolo contendere offenses?	, or been convicted of,	any criminal o	ffense(s) other than civil traff
	Yes No X			
ſ.	Had adjudication of guilt withher suspended, or been pardoned, fitraffic offenses?	d, had a sentence impose ned, or placed on probat	d or suspended, l tion, for any cri	had pronouncement of a sentence minal offense(s) other than civ
	Yes No X			
g.	Been subject to a cease and desist let administrative, regulatory, or discipli regulating the business of insurance practices in the course of the business	nary action, from violating, securities or banking,	g any federal, sto or from carryin	ate law or law of another countr
	Yes No X			
h.	Been, within the last ten (10) years financial dispute?	, a party to any civil ac	ction involving o	dishonesty, breach of trust, or
	Yes No X			
Î.	Had a finding made by the Comptro provisions of small loan laws, banki any rule or regulation lawfully made	ng or trust company laws	s, or credit union	laws, or that you have violate
	Yes No X			
j.	Ilad a lien or foreclosure action filed	against you or any entity	while you were a	associated with that entity?
	Yes No X			
	If the response to any question abov	e is yes, please provide d led adjudication or settlen		

Аррис	ant Comp	any Name: Centene Corporation	NAIC No.	
			FEIN:	42-1406317
	holds v	neld by the person. Control shall be presumed to exist the power to vote, or holds proxies representing, teerson.	n percent (10%) or m	ctly or indirectly, owns, controls, ore of the voting securities of any
	None			
	If any o	of the stock is pledged or hypothecated in any way, give	e details	
13.	or of regulate directly	ill] you or members of your immediate family individuced, 10% or more of the outstanding shares of stoe ory authority, or its affiliates? An "affiliate" of, or person or indirectly through one or more intermediaries, core person specified.	k of any entity subjection "affiliated" with	ect to regulation by an insurance a specific person, is a person that
	Yes	No X		
	If yes, the out	please identify the company or companies in which the standing voting securities.	e cumulative stock ho	oldings represent 10% or more of
	If any o	of the shares of stock are pledged or hypothecated in an	y way, give details.	
14.	Have v	ou ever been adjudged a bankrupt?		
1313	Yes [No X		
	_			
	11 yes, 1	provide details:		
15.	were a stockho	r knowledge has any company or entity (including entity officer or director, trustee, investment committee older, had any of the following events occur while you level provide the group code	member, key manar	gement employee or controlling
	a.	Been refused a permit, license, or certificate of aut licensing agency?	hority by any regula	tory authority, or governmental-
		Yes No X		
	b,	Had its permit, license, or certificate of authority sus to any judicial, administrative, regulatory, or disc receivership, conservatorship, federal bankruptcy pr similar proceeding)?	iplinary action (incl	uding rehabilitation, liquidation.
		Yes No X		
	c.	Been placed on probation or had a fine levied aga authority in any civil, criminal, administrative, regula	inst it or against its itory, or disciplinary a	permit, license, or certificate of action?
		Yes X No		

Applicant Company Name: <u>Centene Corporation</u>	NAIC No.	None
	FEIN:	42-1406317
If the answer to any of the above is yes, please indicate an affiant should also include any events within twelve (12) m	nd give details. When res nonths after his or her de	ponding to questions (b) and (c), parture from the entity.
15(c): From time to time, Centene Corporation and its sub	osidiaries have had fines	levied against them as a result of
state, federal and/or government contract performance mea	sures, reviews or exami	nations in various jurisdictions in
which these entities do business. None of these entities ha	is been placed on probat	ion nor had its license suspended
or revoked. Fines levied against these entities occurred		urse of business, and I was not
personally held responsible or culpable in any of these action	ons.	
Note: If an affiant has any doubt about the accuracy of a and an explanation provided.	nn answer, the question si	hould be answered in the positive
Dated and signed this 16 th day of April, 2019 under penalty of perjury that I am acting on my own behalf and that of my knowledge and belief.	at <u>St. Louis, Missou</u> at the foregoing statemen	ri I hereby certify ts are true and correct to the best
X I hereby acknowledge that I may be contacted to provide additi	ional information regardi	ng international searches.
.10		
1/// 100 1		
(Signature of Affiant)		
(
State of: Missouri County of: St. Louis		
The foregoing instrument was acknowledged before me this 16 th and:	day of <u>April</u> ,	20 <u>19</u> by <u>Mark J. Brooks</u> ,
X who is personally known to me, or		
who produced the following identification:		
[SEAL] ROSEMARIE BAYES Notary Public - Notary Seal STATE OF MISSOURI St. Louis County My Commission Expires: June 3, 2020		Notary Public Rosemarie Bayes Printed Notary Name June 3, 2020
Commission # 12567879	IV.	ly Commission Expires

Λppli	cant Compar	ny Name:_	Centene Corporation		NAIC No FEIN: _	None 42-14063	317
				ate of Authoric	ty Application (UCAA)		
may b	e required to	o provide a	w, this affidavit will b	e kept confiden	ial by the state insurance -party verification proces	regulatory	authority. The affian ave attended a foreign
l ull n requir	ame, addres	s and telep Use Group	hone number of the pr Names)	esent or propose	ed entity under which thi	s biographi	cal statement is being
					ouis, MO 63105; 314-725	<u>-4477</u>	
herein ANSV	ufter set for WER IS "N	th. (Attach O" OR "N	addendum or separat IONE," SO STATE.	e sheet if space ALL FIELDS	epresentations and supper hereon is insufficient to MUST HAVE A RESPORTED OF THE A	o answer a	ny question fully.) II
la.	Affiant's	Full Name	(Initials Not Acceptab	ole): First:	Brandy Middle:	<u>Lynn</u>	LastiBurkhalter
2.	a.	Are you a o	citizen of the United St	ates?			
	•	Yes X	No				
	<u>b</u>	Are you a	citizen of any other cou	intry?			
	3	Yes	No X				
		If yes, wha	t country?				
3.	Affiant's	occupation	n or profession: <u>Exec</u> u	tive Vice Presid	lent, Operations		
4.	Affiant's	business a	ddress: 7700 Forsyth	Blvd., Saint Lou	ns, MO 63105		
	Business	telephone;	314-505-6014	Busi	ness Email: <u>bburkhalter(</u>	acentene c	om
5.	Education	n and traini	ng:				
Colle	ge/Universit	<u>v</u>	City/State		Dates Attended (MM	<u>1/YY)</u>	Degree Obtained
Unive	rsity Of Mis	souri	Columbia, M	0	08/91-05/95		BS Accountancy
Gradu None	uate Studies	<u>C</u>	ollege/University	City/State	Dates Attended (MM	<u>1/YY)</u>	Degree Obtained
	Training: N	ame	City/State	Dates Attende	rd (MM/YY)	Degree/C	ertification Obtained

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Revised 04/08/19

None

NAIC No. None
FEIN: <u>42-1406317</u>
tions:
Address of Telephone Number Society/Association of Society/Association
540 Maryville Centre Dr. Saint Louis, MO 63141 314-997-7966
Executive Vice President, Operations
(20) years, whether compensated or otherwise (up to and an entity, administrator, manager, operator, directorates or itional pages if the space provided is insufficient. It is only ory information for the past ten (10) years. Additional cation process for international employers.
ne Corporation
State/Province: MO
-725-4477 Offices/Positions Held: EVP, Operations
Supervisor/Contact: Michael Neidorff
st & Young, LLP
State/Province: MO
00-1000 Offices/Positions Held: Sr. Manager
Supervisor/Contact: <u>Human Resources</u>
nur Andersen LLP
State/Province: MO
Offices/Positions Held: Mgr.& Sr. Accountant
Supervisor/Contact: No Longer Exists
State/Province:
Offices/Positions Held:
r/Contact:

Applica	nt Comp	any Name: Centene Corporation	NA FEI		None 42-1406317
9.	a.	Have you ever been in a position which requ	ired a fidelity bond?		
		Yes X No			
		If any claims were made on the bond, give de	etails: None		
	b.	Have you ever been denied an individual or revoked?	or position schedule f	idelity l	oond, or had a bond canceled or
		Yes No X			
		If yes, give details:			
10.	or gove in the p the lice number are reas represen	professional, occupational and vocational lice rimmental licensing agency or regulatory authorast. For any non-insurance regulatory issuer, it is sing authority or regulatory body having juri- is your Social Security Number (SSN) or emborably identifiable as your SSN, then write something the space provided is insufficient.	ority or licensing authority and provide the sdiction over the licenthed your SSN or any SSN for that portion of the state	ority that e name, ase (s) is sequence of the pr	at you presently hold or have held address and telephone number of sued. If your professional license ce of more than five numbers that rofessional license number that is
Organiz	ation/Iss	uer of License: MO State Board of Accountar	ncy Address: 3605 Mis	souri Bl	<u>vd</u>
City: Je	fferson_C	State/Province: MO	Country: <u>USA</u>		Postal Code: 65109
License	Туре: <u>С</u>	PA License # 081125	Date Issued	(MM/Y	Y): <u>04/96</u>
Date 1.x	pired (M	M/YY): N/A Reason for Term	ination: N/A		
Non-Ins	surance R	Regulatory Phone Number (if known): <u>Unkno</u>	own		
Organiz	ration/Iss	uer of License;	Address:		
City:		State/Province	Country:		Postal Code;
License	Type:	License #	Date Issued	(MM/Y	Y)
Date Ex	cpired (M	(M/YY): Reason for Term	ination:		
Non-Ins	surance F	tegulatory Phone Number (if known)			
114		onding to the following, if the record has been ord was scaled or expunged, an affiant may res			
	a.	Been refused an occupational, professional, any public administrative, or governmental I		or perm	it by any regulatory authority, or
		Yes No X			

	MAIC No. None NAIC No. None NAIC No. Name Naic No. Naic
b,	Had any occupational, professional, or vocational license or permit you hold or have held, been subject any judicial, administrative, regulatory, or disciplinary action?
	Yes No X
c.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocation license or permit in any judicial, administrative, regulatory, or disciplinary action?
	Yes No X
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
	Yes No X
c.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil tral offenses?
	Yes No X
ľ.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a senter suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than c traffic offenses?
	Yes No X
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judic administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another cour regulating the business of insurance, securities or banking, or from carrying out any particular practice practices in the course of the business of insurance, securities or banking?
	Yes No X
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, of financial dispute?
	Yes No X
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated a provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
	Yes No X
j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No X
	If the response to any question above is yes, please provide details including dates, locations, disposition,

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a

nt Com	pany Name: Centene Corporation	NAIC No.	
		FEIN:	42-1406317
or non office holds v	h, whether through the ownership of voting securities, be a management services, or otherwise, unless the power held by the person. Control shall be presumed to exist with the power to vote, or holds proxies representing, tenderson.	is the result of an o t if any person, dire n percent (10%) or m	official position with or corporate ctly or indirectly, owns, controls,
None			
If any	of the stock is pledged or hypothecated in any way, give		
or of r regular directi	/ill] you or members of your immediate family individurecord, 10% or more of the outstanding shares of stoctory authority, or its affiliates? An "affiliate" of, or persy, or indirectly through one or more intermediaries, conhe person specified.	k of any entity subj son "affiliated" with	ect to regulation by an insurance a specific person, is a person that
Yes [No X		
	please identify the company or companies in which the	e eumulative stock h	oldings represent 10% or more of
ine ou	istanding voting accurries.		
10		¥8 a . %	
II ally	of the shares of stock are pledged or hypothecated in an	y way, give details.	
Have	you ever been adjudged a bankrupt?		
Yes [No X		
If yes,	provide details:		
were stockh	ur knowledge has any company or entity (including entian officer or director, trustee, investment committee holder, had any of the following events occur while young level provide the group code1295	member, key mana	gement employee or controlling
a.	Been refused a permit, license, or certificate of auticensing agency?	thority by any regul	atory authority, or governmental-
	Yes No X		
b.	Had its permit, license, or certificate of authority sus to any judicial, administrative, regulatory, or disc receivership, conservatorship, federal bankruptcy p similar proceeding)?	eiplinary action (inc	luding rehabilitation, liquidation,
	Yes No X		
C.	Been placed on probation or had a fine levied aga		

Applicant Company Name: Centene Corporation	NAIC No.	
	FEIN:	42-1406317
Yes X No		
If the answer to any of the above is yes, please indicate and give deta affiant should also include any events within twelve (12) months after	ils. When res his or her de	sponding to questions (b) and (c), parture from the entity.
15(c): From time to time, Centene Corporation and its subsidiaries has state, federal and/or government contract performance measures, reviewhich these entities do business. None of these entities has been placed or revoked. Fines levied against these entities occurred during the personally held responsible or culpable in any of these actions.	ws or exami	nations in various jurisdictions in ion nor had its license suspended
Note: If an affiant has any doubt about the accuracy of an answer, the and an explanation provided.	he question s	hould be answered in the positive
Dated and signed this 16th day of April , 2019 at St. L under penalty of perjury that I am acting on my own behalf and that the forego of my knowledge and belief.	ouis, Missou bing statemer	ri . I hereby certify its are true and correct to the best
X I hereby acknowledge that I may be contacted to provide additional inform	ation regard	ing international searches.
State of: Missouri County of: St. Louis		
The foregoing instrument was acknowledged before me this 16th day of A	pril	, 20 <u>19</u> by <u>Brandy L. Burkhalter</u> ,
X who is personally known to me, or		
who produced the following identification:	•	
JOAN E. PRICE Notary Public - Notary Seal STATE OF MISSOURI St. Louis County My Commission Expires: Mar. 21, 2021 Commission # 17971276		Notary Public Joan E. Price Printed Notary Name March 21, 2021 dy Commission Expires

Applicant Company Name: Centene Co	rporation	NAIC No	
		FEIN:	42-1406317
Uniforn	n Certificate of Authorit BIOGRAPHICAL A		
To the extent permitted by law, this affida may be required to provide additional info school or lived and worked internationally	ormation during the third	-party verification proces	
Full name, address and telephone number required (Do Not Use Group Names)		ed entity under which thi	• •
Centene Corporation;	7700 Forsyth Blvd., St. I	ouis, MO 63105; 314-72	?5-4477
	· · · · · · · · · · · · · · · · · · ·		
In connection with the above-named er hereinafter set forth. (Attach addendum of ANSWER IS "NO" OR "NONE," SO COULD DELAY THE APPLICATION P	or separate sheet if space STATE, ALL, FIELDS I	hereon is insufficient to MUST HAVE A RESPO	o answer any question fully.) II ONSE. INCOMPLETE FORMS
1. Affiant's Full Name (Initials Not	Acceptable): First: Rober	Middle: Kei	ith Last: <u>Ditmore</u>
2. a. Are you a citizen of the	United States?		
Yes X No			
b. Are you a citizen of any	other country?		
Yes No	X_		
If yes, what country?			
3. Affiant's occupation or professio	n: <i>Retired</i>		
4. Affiant's business address: None			
Business telephone: None	Business Ema	il: <i>None</i>	
5. Education and training:			
College/University C	ity/State	Dates Attended (MM	M/YY) Degree Obtained
San Jose State University S	an Jose, California	09/1957 - 05/1959	BA
Graduate Studies College/Univer	rsity <u>City/State</u>	Dates Attended (MN	Degree Obtained
Other Training: Name City/State	Dates Attend	ed (MM/YY)	Degree/Certification Obtained

None

Applie	ant Company Name: <u>Cente</u>	ne Corporation	NAIC No	None
			FEIN:	42-1406317
6.	List of memberships in prol	lessional societies and asso	ciations:	
	Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
	None			
	8			
7.	Present or proposed positio	n with the Applicant Comp	any:_ <i>Director</i>	
8,	including present jobs, pos officerships). Please list the necessary to provide telep	itions, partnerships, owner e most recent first. Attach a phone numbers and super	of an entity, administrator, mandditional pages if the space pro-	nsated or otherwise (up to and mager, operator, directorates or ovided is insufficient. It is only ast ten (10) years. Additional nal employers.
	ning/Ending (MM/YY): <u>04/96-Present</u> Em	ployer's Name: <u>Centene C</u>	Corporation (Affiant is not an e	employee)
Addre	ss: 7700 Forsyth Boulevard	City: St. Louis	State/Province	
Count	ry: <u>USA</u> Postal Co	ode: <u>63105</u> Phone: <u>3</u>	14-725-4477 Offices/Positions	Lead Director, Compensation Held: <u>Committee Chair</u>
Туре	of Business: <u>Health Insurance</u>	superv	isor/Contact: Michael Neidorff	F/314-725-4477
	ning/linding (MM/YY):	Employer's Name:_	None – Affiant retired in 01/9	25
Addre	SS:	City:	State/Province	cet <u>s</u>
Count	ry: Postal Co	ode:Phone:_	Offices/Positions	Held:
Туре	of Business:	Superv	isor/Contact:	
Begini	ning/Ending			
Addre	SS!	City:	State/Province	ce:
Count	ry:Postal Co	ode:Phone:_	Offices/Positions	Held:
Туре	of Business:	Superv	isor/Contact:	
	ning/Ending (MM/YY):	Employer's Name:_		
Addre	ss:	City:	State/Province	ce:
Count	ry:Postal Co	ode:Phone:_	Offices/Positions	Held:
Thomas .	of Duninger	£	isas/Contents	

Applica	int Comp	pany Name: <u>Centene Corporation</u>		NAIC No FEIN: _	None 42-1406317
9.	a.	Have you ever been in a position wh	ich required a fidelity b	ond?	
		Yes No X			
		If any claims were made on the bond	l, give details: <i>None</i>		
	b.	Have you ever been denied an indirevoked?	vidual or position scho	dule fidelity l	bond, or had a bond canceled or
		Yes No X			
		If yes, give details: None			
10.	or gove in the p the lice number are rear represe pages i	y professional, occupational and vocation of the professional occupational and vocation of the professional licensing agency or regulatory ensing authority or regulatory body have ris your Social Security Number (SSN sonably identifiable as your SSN, the ented by your SSN. (For example, "State of the space provided is insufficient."	ory authority or licensing issuer, identify and pro- ving jurisdiction over the l) or embeds your SSN in write SSN for that po	g authority that vide the name, he license (s) is or any sequent ortion of the pro-	at you presently hold or have held address and telephone number of ssued. If your professional license ce of more than five numbers that rofessional license number that is
Organiz	ation/Iss	suer of License:	Address:		
		State/Province:			
		License #:			
		/IM/YY): Reason f			
Non-In:	surance I	Regulatory Phone Number (if known):			
Organiz	ation/Iss	suer of License:	Address:		
City:		State/Province	Country:		Postal Code
License	Туре:	License #:	Date	Issued (MM/Y	Y):
Date E	pired (M	/IM/YY):Reason f	or Termination:		
Non-In:	surance l	Regulatory Phone Number (if known):			
11	In respo	onding to the following, if the record hord was sealed or expunged, an affiant	nas been sealed or expur may respond "no" to th	nged, and the a ie question. Ha	affiant has personally verified that
	a.	Been refused an occupational, profe any public administrative, or govern			nit by any regulatory authority, or
		Yes No X			
	b.	Had any occupational, professional, any judicial, administrative, regulato			nold or have held, been subject to

int C	ompany Name: Centene Corporation	NAIC No. FEIN:	None 42-1406317
	Yes No X		
c.	Been placed on probation or had a fine levied agains license or permit in any judicial, administrative, regu		
	Yes No X		
d.	Been charged with, or indicted for, any criminal offe	ense(s) other than civil	traffic offenses?
	Yes No X		
e.	Pled guilty, or nolo contendere, or been convicto offenses?	ed of, any criminal o	offense(s) other than civil traf
	Yes No X		
ľ.	Had adjudication of guilt withheld, had a sentence is suspended, or been pardoned, fined, or placed on traffic offenses?		
	Yes No X		
g.	Been subject to a cease and desist letter or order, or enjoud administrative, regulatory, or disciplinary action, from v regulating the business of insurance, securities or ban practices in the course of the business of insurance, securities	iolating any federal, s iking, or from carryir	tate law or law of another coun
	Yes No X		
h.	Been, within the last ten (10) years, a party to any e financial dispute?	ivil action involving	dishonesty, breach of trust, or
	Yes X No		
i.	Had a finding made by the Comptroller of any state of provisions of small loan laws, banking or trust companiany rule or regulation lawfully made by the Comptroller	y laws, or credit unio	n laws, or that you have violat
	Yes No X		
j.	Had a lien or foreclosure action filed against you or any	entity while you were	associated with that entity?
	Yes No X		
	If the response to any question above is yes, please pro Attach a copy of the complaint and filed adjudication or	ovide details including settlement as appropri	dates, locations, disposition, cate.
	11(h): See Attachment A		

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls,

holds other	personNone
If any	of the stock is pledged or hypothecated in any way, give details. None
or of regula direct	Vill] you or members of your immediate family individually or cumulatively subscribe to or own, benefit record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insuttory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common could be person specified.
Yes [No X
	please identify the company or companies in which the cumulative stock holdings represent 10% or metstanding voting securities.
lf agu	of the shares of stock are pledged or hypothecated in any way, give details.
n any None	
	you ever been adjudged a bankrupt?
Have Yes	you ever been adjudged a bankrupt? No X
Have Yes	you ever been adjudged a bankrupt?
Ilave Yes If yes To yo were stockl	you ever been adjudged a bankrupt? No X provide details: None ur knowledge has any company or entity (including entities controlled by the holding company) for which an officer or director, trustee, investment committee member, key management employee or controlled, had any of the following events occur while you served in such capacity? If employed at the heavy level provide the group code. N/A
Ilave Yes If yes To yo were stockl	you ever been adjudged a bankrupt? No X provide details: None ur knowledge has any company or entity (including entities controlled by the holding company) for whice an officer or director, trustee, investment committee member, key management employee or controlled, had any of the following events occur while you served in such capacity? If employed at the holding company is the holding events occur while you served in such capacity? If employed at the holding events occur while you served in such capacity?
Ilave Yes If yes To yo were stockl	you ever been adjudged a bankrupt? No X provide details: None ur knowledge has any company or entity (including entities controlled by the holding company) for which an officer or director, trustee, investment committee member, key management employee or controlled, had any of the following events occur while you served in such capacity? If employed at the heavy level provide the group code
Ilave Yes If yes To yo were stockl	you ever been adjudged a bankrupt? No X provide details: None ur knowledge has any company or entity (including entities controlled by the holding company) for whice an officer or director, trustee, investment committee member, key management employee or controlled, had any of the following events occur while you served in such capacity? If employed at the ham level provide the group code. N/A Been refused a permit, license, or certificate of authority by any regulatory authority, or governm licensing agency? Yes No X Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or sub to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquid
If yes If yes To yo were stockle compa	you ever been adjudged a bankrupt? No X provide details: None The knowledge has any company or entity (including entities controlled by the holding company) for which an officer or director, trustee, investment committee member, key management employee or controlled, had any of the following events occur while you served in such capacity? If employed at the ham level provide the group code. NA Been refused a permit, license, or certificate of authority by any regulatory authority, or governm licensing agency? Yes No X Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or sub to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquid receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any
If yes If yes To yo were stockle compa	you ever been adjudged a bankrupt? No X provide details: None ur knowledge has any company or entity (including entities controlled by the holding company) for which an officer or director, trustee, investment committee member, key management employee or controlled, had any of the following events occur while you served in such capacity? If employed at the heavy level provide the group code. N/A Been refused a permit, license, or certificate of authority by any regulatory authority, or governm licensing agency? Yes No X Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subto any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquid receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any similar proceeding)?

Applicant Company Name: Centene Corporation	NAIC No. None
	FEIN: <u>42-1406317</u>
If the answer to any of the above is yes, please indi affiant should also include any events within twelve	cate and give details. When responding to questions (b) and (c), (12) months after his or her departure from the entity.
15(c): From time to time, Centene Corporation an	ad its subsidiaries have had fines levied against them as a result
of state, federal and/or government contract p	erformance measures, reviews or examinations in various
jurisdictions in which these entities do business. N	None of these entities has been placed on probation nor had its
and I was not personally held responsible or culpa	t these entities occurred during the normal course of business,
and I was not personally state reoperation of this year	ne many of mese actions.
Note: If an affiant has any doubt about the accura and an explanation provided.	acy of an answer, the question should be answered in the positive
Dated and signed this 16th day of April , under penalty of perjury that I am acting on my own behalf of my knowledge and belief.	20 <u>19</u> at <u>St. Louis, Missouri</u> . I hereby certify and that the foregoing statements are true and correct to the best
X I hereby acknowledge that I may be contacted to provide	e additional information regarding international searches.
Dist_	
(Signature of Affiant)	
State of: County of: St. Louis	
and:	16 th day of <u>April</u> , 20 <u>19</u> by <u>Robert K. Ditmore</u> ,
X who is personally known to me, or	
who produced the following identification:	<u> </u>
	Ochorsh Cross
[SEAL]	Notary Public
. ,	Deborah Cross
DEBORAH CROSS	Printed Notary Name
Notary Public - Notary Seal	October 21, 2020 My Commission Expires
STATE OF MISSOURI St. Charles County	My Commission Expires
My Commission Expires: Oct. 21, 2020 Commission # 12406516	

Biographical Affidavit Response to Question 11(h)

As a director of Centene Corporation ("Centene"), I have been a named party to the following lawsuits:

- On June 11, 2012, Centene reduced its annual earnings guidance primarily as a result of higher than
 anticipated medical costs in certain of its markets. A lawsuit alleging violations of securities laws
 in connection with the earnings guidance was filed in Missouri State court on August 6, 2012 and
 was dismissed on October 22, 2012.
- On January 24, 2018, a derivative action was filed by plaintiff Harkesh Parekh against Centene and certain of its officers and directors in the United States District Court for the Eastern District of Missouri. Plaintiff purports to bring suit derivatively on behalf of Centene against certain officers and directors for violation of securities laws, breach of fiduciary duty, waste of corporate assets and unjust enrichment. This derivative lawsuit is related to the November 14, 2016 putative federal securities class action, Israel Sanchez v. Centene Corp., et al., to which I was not a named party.

A second shareholder derivative action was filed on March 9, 2018, by plaintiffs Laura Wood and Peoria Police Pension Fund. A third shareholder derivative action was filed on December 14, 2018, by plaintiffs Carpenter Pension Fund of Illinois and Iron Workers Local 11 Pension Fund. The second and third derivative suits largely repeat the allegations in the securities class action and the first derivative suit. On January 9, 2019, the Court consolidated the three derivative suits and established a schedule for determining lead plaintiff and lead counsel. On February 5, 2019, plaintiffs in the three derivative suits filed a consolidated amended complaint. Lead plaintiffs and counsel have been appointed. On February 22, 2019, Centene moved to stay the consolidated derivative action pending resolution of the Sanchez matter. That motion has not yet been decided.

Applicant Company Name: Cen	tene Corporation		NAIC No FI-IN: _	None 42-1406317	
ı	Uniform Certificate o BIOGRAPI	f Authority Ap HICAL AFF			
To the extent permitted by law, th may be required to provide addition school or lived and worked internal	is affidavit will be kept onal information during tionally.	t confidential b	y the state insurance		
Full name, address and telephone required (Do Not Use Group Nam		or proposed er	tity under which this	s biographical	statement is being
Centene Corpo	oration; 7700 Forsyth	Blvd., St. Louis	, MO 63105; 314-72	5-4477	
In connection with the above-na hereinafter set forth (Attach add ANSWER IS "NO" OR "NONE COULD DELAY THE APPLICA	endum or separate she E," SO STATE ALL	et if space her FIELDS MUS	eon is insufficient to T HAVE A RESPO	answer any ONSE. INCO	question fully.) II MPLETE FORMS
1. Affiant's Full Name (Init	ials Not Acceptable); F	irst: <u>Frederick</u>	Middle: <u>Henry</u> Last	Eppinger	
2. a. Are you a citize	n of the United States?				
Yes X	No				
b. Are you a citize	n of any other country?	ı			
Yes	No X				
If yes, what cou	ntry? <u>None</u>				
3. Affiant's occupation or p	rofession Retired				
4. Affiant's business addres	s: <i>None</i>				
Business telephone: Non	<u>e</u>	Business	l mail: <i>None</i>		
5. Education and training:					
College/University	City/State		Dates Attended (MM	<u>//YY)</u>	Degree Obtained
College of the Holy Cross	Worcester, MA		07/77_to_08/81		BA
Graduate Studies	College/University	City/State	Dates Attended	(MM/YY)	Degree Obtained
Tuck School of Business Admin.	Dartmouth College	Hanover, Nh	1985		MBA
Other Training: Name Ci	lv/State Da	tes Attended (N	MM/VV)	Dogree/Cor	rification Obtained

<u>None</u>

Applica	int Company Name: Centene Corporation	NAIC No ITEIN:	None 42-1406317				
,		2.2 13	12 1 100 121				
6.	List of memberships in professional societies and asso	ociations:					
	Name of Society/Association Contact Name	Address of Society/Association	Telephone Number of Society/Association				
	None						
	·		- 35				
7.	Present or proposed position with the Applicant Com	pany:_ <i>Director</i>					
8.	List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.						
	ing/Ending (MM/YY): <u>04/06</u> - <u>Present</u> Employer's Name:	Centene Corporation (Affia	nnt is not an employee)				
Addres	s: 7700 Forsyth Boulevard City St. Louis	State/Prov	ince:_MO				
Countr	y: <u>USA</u> Postal Code: <u>63105</u> Phone:	314-725-4477 Offices/Positio	ns Held <u>Director</u>				
Турс о	f Business: <u>Health Insurance</u> Super	visor/Contact: Michael Neid	orff/314-725-4477				
	ing/Ending (MM/YY) <u>: 2003-2016</u> Employer's Name: <u>The Hanove</u>	r Insurunce Group					
Addres	s: 440 Lincoln Street City: Worcester	State/Prov	ince MA				
Countr	y. <u>USA</u> Postal Code: <u>01653</u> Phone: <u>508-855-2600</u> Of	lices/Positions Held: Presiden	at and CEO				
Туре о	f Business: <u>Insurance</u> Super	visor/Contact: Human Resou	rces / 508-855-1000				
	ing/Ending (MM/YY): <u>2001-2003</u> Employer's Name: <u>The Hartfor</u>	d Financial Group					
Addres	s: Hartford Plaza, 690 Asylum Avenue City: Hartford		10 8 11 18 11				
Countr	y: <u>USA</u> Postal Code: <u>06115</u> Phone: <u>860-547-5000</u> Offic		e Vice President, Field and perations				
Type o	f Business: Financial Group Super	visor/Contact:_N/A					
	ing/Ending (MM/YY): <u>2000-2001</u> Employer's Name: <u>Channelpoi</u>	nt, Inc.	·				
Addres	s: 10155 Westmoor Drive City: Westminster State/Pro	vince: Colorado					
Countr	y: <u>USA</u> Postal Code; <u>80021</u> Phone: <u>303-818-8888</u> Office	ces/Positions Held: Senior Vic	e President				
Type o	f Business: <u>Strategic Marketing</u> Super	visor/Contact:_ <i>N/A</i>	***************************************				

Applicant Company Name: Centene Corporation	NAIC No. <u>None</u> FEIN: <u>42-1406317</u>
Beginning/Ending Dates (MM/YY): 1985-2000 Employer's Name: McKinsey & Compa	
Address: 133 Peachtree Street N.E., Suite 4600 City: Atlanta State/P	
Country: <u>USA</u> Postal Code; <u>30303</u> Phone; <u>404-335-3000</u> Offices/Post	Partner, Financial Institutions Group / tions Held: Associate, Financial Institutions Group
Type of Business: <u>Consulting Firm</u> Supervisor/C	ontact:_N/A
9. a. Have you ever been in a position which required a leave you ever been in a position which required a leave you ever been in a position which required a leave you ever been in a position which required a leave you ever been in a position which required a leave you ever been in a position which required a leave you ever been in a position which required a leave you ever been in a position which required a leave you ever been in a position which required a leave you ever been in a position which required a leave you ever been in a position which required a leave you ever been in a position which required a leave you ever been in a position which required a leave you ever been in a position which required a leave you ever been in a position which required a leave you ever been in a position which required a leave you ever been in a position which required a leave you ever been in a position which required a leave you ever been in a leave you ever been in a leave you ever been in a position which it is a leave you ever been in a leave you ever been in a position which required a leave you ever been in a position which required a leave you ever been in a position which required a leave you ever been in a position which required a leave you ever been in a position which required a leave you ever been in a position which required a leave you ever been in a position which required a leave you ever been in a position which required a leave you ever been in a position which required a leave you ever been in a position which required a leave you ever been in a position which required a leave you ever been in a position which required a leave you ever been in a leave you eve	
b. Have you ever been denied an individual or positive revoked?	ion schedule fidelity bond, or had a bond canceled or
Yes No X	
If yes, give details: None	
10. List any professional, occupational and vocational licenses (or governmental licensing agency or regulatory authority or in the past. For any non-insurance regulatory issuer, identify the licensing authority or regulatory body having jurisdiction number is your Social Security Number (SSN) or embeds you are reasonably identifiable as your SSN, then write SSN for represented by your SSN. (For example, "SSN", "12-SSN- pages if the space provided is insufficient. None	licensing authority that you presently hold or have held and provide the name, address and telephone number of n over the license (s) issued. If your professional license our SSN or any sequence of more than five numbers that r that portion of the professional license number that is
Organization/Issuer of License: Address	ess.
City: State/Province: Count	ry Postal Code:
License Type:License #:	Date Issued (MM/YY)
Date Expired (MM/YY):Reason for Termination	
Non-Insurance Regulatory Phone Number (if known):	
Organization/Issuer of License:Address	SS:
City: State/Province: Coun	iry:Postal Code:
License Type: License #:	Date Issued (MM/YY):
Date Expired (MM/YY): Reason for Termination	
Non-Insurance Regulatory Phone Number (if known):	

Applic	ant Co	ompany Name: Centene Corporation	NAIC No FEIN:	None 42-1406317
11.		responding to the following, if the record has been sealed or e record was sealed or expunged, an affiant may respond "no"		
	a.	Been refused an occupational, professional, or vocation any public administrative, or governmental licensing ag		it by any regulatory authority, or
		Yes No X		
	Ъ.	Had any occupational, professional, or vocational licen any judicial, administrative, regulatory, or disciplinary a		old or have held, been subject to
		Yes No X		
	c.	Been placed on probation or had a fine levied against ye license or permit in any judicial, administrative, regulate		
		Yes No X		
	d.	Been charged with, or indicted for, any criminal offenso	e(s) other than civil	traffic offenses?
		Yes No X		
	e.	Pled guilty, or nolo contendere, or been convicted offenses?	of, any criminal o	ffense(s) other than civil traffic
		Yes No X		
	ſ.	Ilad adjudication of guilt withheld, had a sentence imposuspended, or been pardoned, fined, or placed on protraffic offenses?		
		Yes No X		
	g.	Been subject to a cease and desist letter or order, or enjoined administrative, regulatory, or disciplinary action, from viola regulating the business of insurance, securities or bankin practices in the course of the business of insurance, securities	iting any federal, st g, or from carryir	ate law or law of another country
		Yes No X		
	\mathbf{h}_i	Been, within the last ten (10) years, a party to any civil financial dispute?	action involving	dishonesty, breach of trust, or a
		Yes X No		
	Î.	Had a finding made by the Comptroller of any state or the provisions of small loan laws, banking or trust company had any rule or regulation lawfully made by the Comptroller of a	ws, or credit unio	n laws, or that you have violated
		Yes No X		
	j.	Had a lien or foreclosure action filed against you or any enti	ity while you were	associated with that entity?
		Yes No X		
		If the response to any question above is yes, please provid Attach a copy of the complaint and filed adjudication or sett		

Applic	cant Comp	pany Name:_	Centene Corporation	NAIC No.	
				FEIN:	42-1406317
	11	(h): See Att	achment A		
	<u> </u>	(n). See An	uchment A		
12.	term "c possess person or non office holds v	control" (inc sion, direct whether the managemer held by the	ect to regulation by an insurance re- luding the terms "controlling," "co or indirect, of the power to direct ough the ownership of voting secur t services, or otherwise, unless the person. Control shall be presumed er to vote, or holds proxies represent	introlled by and under cor cause the direction of dities, by contract other than power is the result of an oto exist if any person, dire	ommon control with") means the ne management and policies of a a a commercial contract for goods official position with or corporate ctly or indirectly, owns, controls,
	If any	of the stock	s pledged or hypothecated in any wa	ny, give details. <i>None</i>	
13.	or of r regulat directly	record, 10% tory authority	nembers of your immediate family is or more of the outstanding shares or, or its affiliates? An "affiliate" of, ly through one or more intermedian ecified.	of stock of any entity subj or person "affiliated" with,	ect to regulation by an insurance a specific person, is a person that
	Yes [N	X		
			ify the company or companies in wing securities.		oldings represent 10% or more of
	If any	of the shares	of stock are piedged or hypothecate	d in any way, give details.	
14.	Have	vou ever bee	n adjudged a bankrupt?		
14.	Yes	N			
	_	provide deta			
	ii yes,	provide deta	iis; ivone		
15.	were a	an officer o older had a	e has any company or entity (including director, trustee, investment company of the following events occur which the group code	mittee member, key mana	igement employee or controlling
	a.	Been refu	sed a permit, license, or certificate agency?	of authority by any regul	atory authority, or governmental-
		Yes [No X		
	b.		rmit, license, or certificate of autho dicial, administrative, regulatory		

receivership, conservatorship, federal bankruptcy pro similar proceeding)?	FEIN: 42-1406317 ceeding, state insolvency, supervision or any other
	ceeding, state insolvency, supervision or any other
ommer brosomme);	
Yes No X	
c. Been placed on probation or had a fine levied again authority in any civil, criminal, administrative, regulate	
Yes X No	
If the answer to any of the above is yes, please indicate and give affiant should also include any events within twelve (12) months	ve details. When responding to questions (b) and (c), s after his or her departure from the entity.
15(c): From time to time, Centene Corporation and its subside of state, federal and/or government contract performance jurisdictions in which these entities do business. None of these license suspended or revoked. Fines levied against these entitional I was not personally held responsible or culpable in any of	e measures, reviews or examinations in various se entities has been placed on probation nor had its ties occurred during the normal course of business,
Note: If an affiant has any doubt about the accuracy of an ansand an explanation provided.	swer, the question should be answered in the positive
Dated and signed this 16th day of April , 2019 at under penalty of perjury that I am acting on my own behalf and that the of my knowledge and belief. X I hereby acknowledge that I may be contacted to provide additional (Signature of Affilint)	foregoing statements are true and correct to the best
State of: County of: St. Charles	
The foregoing instrument was acknowledged before me this 16th day of	of <u>April</u> , 20 <u>19</u> by <u>Frederick H. Eppinger</u> ,
and:	
X who is personally known to me, or	
who produced the following identification:	
[SEAL] KAREN NOTO Notary Public - Notary Seal STATE OF MISSOURI St. Charles County My Commission Expires: July 8, 2020 Commission # 12594892	Notary Public Karen Noto Printed Notary Name July 8, 2020 My Commission Expires

Biographical Affidavit Response to Question 11(h)

As a director of Centene Corporation ("Centene"), I have been a named party to the following lawsuits:

- On June 11, 2012, Centene reduced its annual earnings guidance primarily as a result of higher than
 anticipated medical costs in certain of its markets. A lawsuit alleging violations of securities laws
 in connection with the earnings guidance was filed in Missouri State court on August 6, 2012 and
 was dismissed on October 22, 2012.
- On January 24, 2018, a derivative action was filed by plaintiff Harkesh Parekh against Centene and certain of its officers and directors in the United States District Court for the Eastern District of Missouri. Plaintiff purports to bring suit derivatively on behalf of Centene against certain officers and directors for violation of securities laws, breach of fiduciary duty, waste of corporate assets and unjust enrichment. This derivative lawsuit is related to the November 14, 2016 putative federal securities class action, Israel Sanchez v. Centene Corp., et al., to which I was not a named party.

A second shareholder derivative action was filed on March 9, 2018, by plaintiffs Laura Wood and Peoria Police Pension Fund. A third shareholder derivative action was filed on December 14, 2018, by plaintiffs Carpenter Pension Fund of Illinois and Iron Workers Local 11 Pension Fund. The second and third derivative suits largely repeat the allegations in the securities class action and the first derivative suit. On January 9, 2019, the Court consolidated the three derivative suits and established a schedule for determining lead plaintiff and lead counsel. On February 5, 2019, plaintiffs in the three derivative suits filed a consolidated amended complaint. Lead plaintiffs and counsel have been appointed. On February 22, 2019, Centene moved to stay the consolidated derivative action pending resolution of the Sanchez matter. That motion has not yet been decided.

Applicant Company l	Name: Centene Corporation	NAIC NoN	
			-1406317
	Uniform Certificate of Auth BIOGRAPHICA		
may be required to p	ed by law, this affidavit will be kept confiderovide additional information during the theoretical internationally. (Print or	nird-party verification process if	
	nd telephone number of the present or projection Names)		ographical statement is being
500	entene Corporation; 7700 Forsyth Blvd., S		477
-			
hereinafter set forth, ANSWER IS "NO"	the above-named entity, I herewith mak (Attach addendum or separate sheet if sp OR "NONE," SO STATE. ALL FIELD IE APPLICATION PROCESS or REUSLT	pace hereon is insufficient to an S MUST HAVE A RESPONS	swer any question fully.) II E. INCOMPLETE FORMS
1. Affiant's Fu	II Name (Initials Not Acceptable): First: Ri	chard Middle Andrew	Last: <u>Gephardt</u>
2. a. Are	e you a citizen of the United States?		
Yes	X No		
b. Arc	e you a citizen of any other country?		
Yes	No X		
If y	es, what country?		
3. Affiant's oc	cupation or profession: President and CEG), Gephardt Group, LLC	
4. Affiant's bu	siness address: 2496 Jett Ferry Road, Atla	nta, Georgia 30338	
Business tel	ephone: <u>202-403-2040</u> E	Business Email: <u>dickgephardt@</u>	gephardtdc.com
5. Education a			
College/University	City/State	Dates Attended (MM/Y)	Degree Obtained
Northwestern Univer	rsity Eyanston, IL	08/58 – 05/62	BS
Graduate Studies	College/University City/State	Dates Attended (MM/YY	Degree Obtained
	University of Michigan Ann Arbo	r, MI 08/62 – 05/65	JD
Other Training: Nam	e <u>City/State</u> <u>Dates Atte</u>	ended (MM/YY) Do	egree/Certification Obtained

None

Applic	cant Company Name: Center	ene Corporation	NAIC No FEIN:	None 42-1406317
6.	List of memberships in pro	descional enciotics and acco	Market and	
0.	Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
	None			
7.	Present or proposed position	on with the Applicant Comp	pany: <u>Director</u>	
8.	including present jobs, pos officerships). Please list the necessary to provide tele	sitions, partnerships, owner e most recent first. Attach phone numbers and supe	ty (20) years, whether competer of an entity, administrator, manditional pages if the space provisory information for the parification process for internation	mager, operator, directorates or ovided is insufficient. It is only ast ten (10) years. Additional
	ning/Ending (MM/YY): <u>12/06</u> - <u>Pre</u>	sent Employer's Name	Centene Corporation (Affian	t is not an employee)
Addre	ss: 7700 Forsyth Boulevard	City: St. Louis	State/Province	ce_Missouri
Count	ry: <u>USA</u> Postal C	ode: 63105 Phone: 3	814-725-4477 Offices/Positions	Held: Director
Туре	of Business: <i>Health Insuran</i>	ce Superv	isor/Contact: Michael Neidor	ff/314-725-4477
	ning/Ending (MM/YY): <u>01/05-Present</u> Er	nployer's Name: <i>Gephardt</i>	Group, LLC	
∧ddre:	ss: <u>2496 Jett Ferry Road</u> City	: Atlanta	State/Province	ce: Georgia
Count	ry: <u>USA</u> Postal C	ode: <u>30338</u> Phone:	202-403-2040 Offices/Position	s Held: <u>President and CEO</u>
Туре с	of Business: Consulting Firm	Supervis	or/Contact Self	
	ning/Ending (MM/YY): <u>01/77-01/05</u> Emp	loyer's Name: <u>US House o</u>	f Representatives	
Addre	ss: <u>US Capitol</u> City: <u>Washing</u>	ton State/Province: DC	·	w
Count	ry: <u>USA</u> Postal Code: <u>20515</u> i	Phone: <u>202-224-3121</u> Offic	ces/Positions Held: <u>US Represe</u>	<u>ntative</u>
Туре с	of Business: <u>US Government</u>	Supervis	or/Contact: N/A	
	ning/Ending (MM/YY):	Employer's Name		
Addre	ss:	City:	State/Provin	ce:
Count	ry:Postal C	ode:Phone:_	Offices/Positions	Held:
Type o	of Business:	Supers	visor/Contact	

Applicat	nt Compa	iny Name:	Centene Corporation		NAIC No.	None	
					FEIN:	42-1406317	
9.	a.	Have you e	ver been in a position wh	ich required a fidelity b	oond?		
		Yes	No X				
		If any claim	s were made on the bond	l, give details: <u>None</u>			
	b.	Have you o	ver been denied an indi	ividual or position sch	edule fidelity	bond, or had a bond canceled	ог
		Yes	No X				
		If yes, give	details: <i>None</i>				
10,	or gover in the pa the licer number are reas represen pages if	mmental lice ast. For any r using authori is your Social onably ident ated by your the space pro-	nsing agency or regulatory ion-insurance regulatory by or regulatory body haval I Security Number (SSN ifiable as your SSN, the	ory authority or licensing issuer, identify and proving jurisdiction over the street over the	ng authority the ovide the name, he license (s) is for any sequen ortion of the p r "1234-SSN"	ell securities) issued by any put at you presently hold or have he, address and telephone number ssued. If your professional lice acc of more than five numbers to rofessional license number that (last 6 digits)). Attach addition	eld r of nse that t is
Organiza	ation/Issi	uer of Licens	e:	Address			
						Postal Code:	
						· · · · · · · · · · · · · · · · · · ·	
Non-Ins	urance R	egulatory Ph	one Number (if known);	<u> </u>			
Organiza	ation/Iss	uer of Licens	e:	Address:			
City:		St	ate/Province:	Country:		Postal Code:	
License	Type:		License #:	Date	Issued (MM/	YY):	
Date Ex	pired (M	M/YY):	Reason f	for Termination:			
Non-Ins	urance R	egulatory Ph	one Number (if known):	43			2
11,			following, if the record h d or expunged, an affiant			affiant has personally verified ave you ever:	hat
	a		ed an occupational, profe administrative, or govern			nit by any regulatory authority	, oı
		Yes [No X				
	$b_{\uparrow \downarrow \uparrow}$		cupational, professional, administrative, regulate			hold or have held, been subjec	t to

nt Co	ompany Name: Centene Corporation	NAIC No FEIN:	None 42-1406317
		•	
	Yes No X		
c.	Been placed on probation or had a fine levied again license or permit in any judicial, administrative, re		
	Yes No X		
d.	Been charged with, or indicted for, any criminal o	flense(s) other than civil	traffic offenses?
	Yes No X		
e.	Pled guilty, or nolo contendere, or been convi- offenses?	cted of any criminal o	offense(s) other than civil to
	Yes No X		
f	Had adjudication of guilt withheld, had a sentence suspended, or been pardoned, fined, or placed of traffic offenses?		
	Yes No X		
g.	Been subject to a cease and desist letter or order, or er administrative, regulatory, or disciplinary action, from regulating the business of insurance, securities or b practices in the course of the business of insurance, sec	n violating any federal, s panking, or from carryi	tate law or law of another co
	Yes No X		
h	Been, within the last ten (10) years, a party to any financial dispute?	civil action involving	dishonesty, breach of trust,
	Yes X No		
Î.	Had a finding made by the Comptroller of any state provisions of small loan laws, banking or trust comp any rule or regulation lawfully made by the Comptroll	any laws, or credit unio	n laws, or that you have vio
	Yes No X		
j.	Had a lien or foreclosure action filed against you or an	ny entity while you were	associated with that entity?
	Yes No X		
	If the response to any question above is yes, please p Attach a copy of the complaint and filed adjudication		
	11(h): See Attachment A		

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate

it Com	pany Name: Centene Corporation	NAIC No.	
		FEIN:	42-1406317
holds	held by the person. Control shall be presumed to owith the power to vote, or holds proxies representing person. <i>None</i>	, ten percent (10%) or m	nore of the voting securities of any
If any	of the stock is pledged or hypothecated in any way,	give details. <i>None</i>	
or of regula direct	Vill] you or members of your immediate family indirectord, 10% or more of the outstanding shares of atory authority, or its affiliates? An "affiliate" of, or ly, or indirectly through one or more intermediaries, the person specified.	stock of any entity subj person "affiliated" with,	ect to regulation by an insurance a specific person, is a person that
Yes	No X		
	, please identify the company or companies in which itstanding voting securities.	the cumulative stock h	oldings represent 10% or more of
10	note the share of start and all and an homely acted in		
•	of the shares of stock are pledged or hypothecated in		
<u>None</u>			
Hava	tratt attar haan adiidaad a kantemat?		
Have	you ever been adjudged a bankrupt?		
Yes	No X		
If yes	, provide details: <i>None</i>	10.00	
were stock	our knowledge has any company or entity (including an officer or director, trustee, investment commit holder, had any of the following events occur while any level provide the group code	ttee member, key mana	igement employee or controlling
a.	Been refused a permit, license, or certificate of licensing agency?	authority by any regul	atory authority, or governmental-
	Yes No X		
b.	Had its permit, license, or certificate of authority to any judicial, administrative, regulatory, or receivership, conservatorship, federal bankrupte similar proceeding)?	disciplinary action (inc	luding rehabilitation, liquidation,
	Yes No X		
c.	Been placed on probation or had a fine levied authority in any civil, criminal, administrative, re		
	Yes X No		

Applicant Company Name: Centene Corporation	NAIC No FEIN: _	None 42-1406317
If the answer to any of the above is yes, please indicate and give affiant should also include any events within twelve (12) months	ve details. When resp s after his or her depa	onding to questions (b) and (c), arture from the entity.
15(c): From time to time, Centene Corporation and its subside of state, federal and/or government contract performance jurisdictions in which these entities do business. None of the license suspended or revoked. Fines levied against these entities and I was not personally held responsible or culpable in any of	measures, reviews se entities has been p ies occurred during	or examinations in various olaced on probation nor had its
Note: If an affiant has any doubt about the accuracy of an ansand an explanation provided.	swer, the question sh	ould be answered in the positive
Dated and signed this 16th day of April, 2019 at under penalty of perjury that I am acting on my own behalf and that the of my knowledge and belief.	St. Louis, Missouri foregoing statement	. I hereby certify s are true and correct to the best
X I hereby acknowledge that I may be contacted to provide additional	information regarding	g international searches.
Cuthurd a Lyhards (Signature of Affiant)		
State of: Missouri County of: St. Charles		
The foregoing instrument was acknowledged before me this 16th day of and:	of April ,	20 <u>19</u> by Richard A. Gephardt,
X who is personally known to me, or		
who produced the following identification:		
KAREN NOTO Notary Public - Notary Seal STATE OF MISSOURI St. Charles County My Commission Expires: July 8, 2020		Notary Public Karen Noto Printed Notary Name July 8, 2020 y Commission Expires

Richard Andrew Gephardt

Biographical Affidavit Response to Question 11(h)

Attachment A

As a director of Centene Corporation ("Centene"), I have been a named party to the following lawsuits:

- On June 11, 2012, Centene reduced its annual earnings guidance primarily as a result of higher than
 anticipated medical costs in certain of its markets. A lawsuit alleging violations of securities laws
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 was dismissed on October 22, 2012.
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Applicant Co	mpany Nar	ne: Centene Corporation		NAIC No		
				FEIN:	42-140631	7
			eate of Authori RAPHICAL	ty Application (UCAA) AFFIDAVIT		
may be requ	ired to prov	by law, this affidavit will be ide additional information ted internationally.		l-party verification proces		
		telephone number of the proup Names)				al statement is being
	Cento	ene Corporation; 7700 Fors	yth Blvd., St. I.	ouis, MO 63105, 314-725	-4477	
hereinafter s ANSWER I	et forth. (A S "NO" OI	above-named entity, I h ttach addendum or separa R "NONE," SO STATE. APPLICATION PROCESS	te sheet if spac ALL FIELDS	e hereon is insufficient to MUST HAVE A RESPO	answer any	question fully.) IF OMPLETE FORMS
l: Aff	iant's Full N	Jame (Initials Not Acceptal	ole): First:	esse Middle:	Nathan L	ast <u>Hunter</u>
2. a	Are yo	ou a citizen of the United S	tates?			
	Yes [X No .				
b.	Are ye	ou a citizen of any other co	untry?			
	Yes [No X				
	If yes,	what country?				
3. Afi	iant's occup	ation or profession: <u>Exec</u> u	tive Vice Presid	lent, Mergers & Acquisiti	ons and Chic	f Strategy Officer
4. Afi	iant's busin	ess address: <u>7700 Forsyth</u>	Blvd., Stc. 800	St. Louis, MO 63105		
Bus	iness teleph	one: 314-725-4477	Bus	iness Email:_jhunter@ce	ntene.com	
5. Edu	ication and	training:				
College/Uni	versity	City/State		Dates Attended (MM	<u>1/YY)</u>	Degree Obtained
Miami Univ	ersity	Oxford, O	1	08/93-05/97		BS Finance
Graduate St	<u>ıdies</u>	College/University	City/State	Dates Attended (MM	<u>1/YY)</u>	Degree Obtained

Dates Attended (MM/YY)

St. Louis, MO

08/04-02/06

MBA

Degree/Certification Obtained

Other Training: Name

None

Washington University

City/State

Applica	int Company Name: Ce	ntene Corporation	MAIC No FEIN:	None 42-1406317
6.	List of memberships in p	professional societies and ass	sociations:	
	Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
	Association for Corp Growth	Shannon Kimball	71 S Wacker Dr., Ste. 2760 Chicago, IL 60606	877-358-2220
	S			- 83 26
7.	Present or proposed posi	tion with the Applicant Con	npany: Executive Vice Presiden	t, Mergers & Acquisitions and
	Chief Strategy Officer			
8. Beginn	including present jobs, p officerships). Please list necessary to provide to information may be requ	positions, partnerships, owner the most recent first. Attack elephone numbers and sup- tired during the third-party v	nty (20) years, whether competer of an entity, administrator, man additional pages if the space precivisory information for the perification process for internation. ECTORATES & OFFICERSI	anager, operator, directorates or ovided is insufficient. It is only ast ten (10) years. Additional nal employers.
		esent Employer's Name	: Centene Corporation	
Address	s: 7700 Forsyth Blvd., Ste	: 800 City: St. Louis	State/Provin	ce: MO
Country	r USA Postal	Code: 63105 Phone:	314-725-4477	
Offices	01/01/2016-11/15/2017-12/03/2012-12/31/2015-02/21/2012-12/02/2012-04/21/2008-02/20/2012-04/24/2007-04/20/2008-10/25/2004-04/23/2007-07/28/2003-10/24/2004	- Executive Vice President,	Chief Business Development Of Operations Corporate Development ate Development Acquisitions isitions	
Type of	Business: <u>Health care</u>	Super	rvisor/Contact: Michael Neidorf	r
	ing/Ending MM/YY): <u>09/99</u> - <u>0</u>	1/02 Employer's Name	: Humana Inc.	
Address	s: 500 W Main Street	City: Louisville	State/Provin	ce:_KY
Country	y: USA Posta	Code: 40201 Phone:	502-580-2016	
Offices		oorate Development & Strate ager, Mergers & Acquisition		
Type of	f Business: Health care	Supe	rvisor/Contact: Tom Liston	
	ing/Ending [MM/YY): <u>07/97</u> - <u>0</u>	8/99 Employer's Name	: Heller Financial/Health Care I	inancial Partners_

Applicant Com	pany Name: <u>Centene (</u>	<u>Corporation</u>		NAIC No.	
				FEIN	42-1406317
Address: 2 W	isconsin, 4th Floor	City:_	Chevy Chase	State/Prov	rince: MD
Country: USA	Postal Code	20815	Phone: 301-664	I-9818	
	ons Held: 98-08/1999 – Financial A 97-07/1998 – Account M				
Type of Busine	ess: Financial services	_	Supervisor/Co	ontact: Howard Widi	GT.
Beginning/End Dates (MM/Y)		Employe	er's Name:		
Address:		City:_		State/Prov	vince:
Country:	Postal Code		Phone:	Offices/Position	ons Held:
Type of Busine	ess:		Supervisor/Co	ontact;	
9, a.	Have you ever been in	a position	which required a f	idelity bond?	
	Yes No	X	-	-	
	If any claims were ma	de on the b	ond, give details:_		
b.	Have you ever been revoked?	denied an i	ndividual or posit	ion schedule fidelity	bond, or had a bond canceled or
	Yes No [X			
	If yes, give details:				
or gov in the the lie numb are re repres pages	vernmental licensing age past. For any non-insuracensing authority or reguler is your Social Security asonably identifiable ascented by your SSN. (For if the space provided is its	ncy or regulate actory body Number (S your SSN, to r example, nsufficient.	atory authority or ory issuer, identify having jurisdiction (SN) or embeds you hen write SSN for "SSN", "12-SSN-	licensing authority the and provide the name in over the license (s) is ur SSN or any sequent that portion of the part of the	ell securities) issued by any public at you presently hold or have held a address and telephone number of issued. If your professional license nee of more than five numbers that professional license number that is (last 6 digits)). Attach additional
Organization/Is	ssuer of License:		Addre	ss:	
City:	State/Provin	ce:	Count	ry:	Postal Code:
License Type:	Lic	ense #:		Date Issued (MM/	YY):
Date Expired (MM/YY):	Reaso	n for Termination		
Non-Insurance	Regulatory Phone Numb	oer (if know	n):		05
Organization/Is	ssuer of License:		Addre	SS:	

Applica	nt Ca	ompany Name: Centene Corporation			None 42-1406317
City:		State/Province:	Country:		Postal Code:
License	Турс	:License #:	Date	Issued (MM/Y	Y):
Date Ex	pired	(MM/YY):Reason for Ten	mination:		
Non-Ins	urano	ce Regulatory Phone Number (if known):			
П	In ro	esponding to the following, if the record has bee record was sealed or expunged, an affiant may re	en scaled or expu espond "no" to the	inged, and the af he question. Hav	Tiant has personally verified that we you ever
	a.	Been refused an occupational, professiona any public administrative, or governmental			t by any regulatory authority, or
		Yes No X			
	b.	Had any occupational, professional, or vocany judicial, administrative, regulatory, or			old or have held, been subject to
		Yes No X			
	c.	Been placed on probation or had a fine levil license or permit in any judicial, administra			
		Yes No X			
	d.	Been charged with, or indicted for, any crit	minal offense(s)	other than civil	traffic offenses?
		Yes No X			
	e.	Pled guilty, or nolo contendere, or been oflenses?	convicted of	any criminal of	Tense(s) other than civil traffic
		Yes No X			
	f.	Had adjudication of guilt withheld, had a s suspended, or been pardoned, fined, or p traffic offenses?			
		Yes No X			
	g.	Been subject to a cease and desist letter or order administrative, regulatory, or disciplinary action regulating the business of insurance, securities practices in the course of the business of insurance.	n, from violating es or banking, o	g any federal, sta or from carryin	ite law or law of another country
		Yes No X			
	h.	Been, within the last ten (10) years, a party financial dispute?	to any civil act	ion involving o	hishonesty, breach of trust, or a
		Yes X No			
	i.	Had a finding made by the Comptroller of an provisions of small loan laws, banking or trus			

any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

	FEIN: 42-1406317	-
Yes No X		
j. Had a lien or foreclosure action filed against you or any ent	ity while you were associated with that entity?	
Yes No X		
If the response to any question above is yes, please provide Attach a copy of the complaint and filed adjudication or set		n, etc.
11(h): On June 11, 2012, Centene Corporation reduced in higher than anticipated medical costs in certain of its markin connection with the earnings guidance was filed in dismissed on October 22, 2012.	cets. A lawsuit alleging violations of securities	s laws
List any entity subject to regulation by an insurance regulatory term "control" (including the terms "controlling," "controlled possession, direct or indirect, of the power to direct or cause person, whether through the ownership of voting securities, by or non-management services, or otherwise, unless the power i office held by the person. Control shall be presumed to exist holds with the power to vote, or holds proxies representing, ten other person. None	by" and "under common control with") mea the direction of the management and policic contract other than a commercial contract for s the result of an official position with or con if any person, directly or indirectly, owns, co-	ins the es of a goods porate ontrols,
If any of the stock is pledged or hypothecated in any way, give	details	
Do [Will] you or members of your immediate family individua or of record, 10% or more of the outstanding shares of stock regulatory authority, or its affiliates? An "affiliate" of, or perso directly, or indirectly through one or more intermediaries, cont	illy or cumulatively subscribe to or own, benefined any entity subject to regulation by an insingular matter of the first of the subject to regulation by an insingular matter of the subject to regulation by an insingular matter of the subject of	ficially urance on that
Do [Will] you or members of your immediate family individual or of record, 10% or more of the outstanding shares of stock regulatory authority, or its affiliates? An "affiliate" of, or perso directly, or indirectly through one or more intermediaries, contwith, the person specified.	illy or cumulatively subscribe to or own, benefined any entity subject to regulation by an insingular matter of the first of the subject to regulation by an insingular matter of the subject to regulation by an insingular matter of the subject of	ficially urance
Do [Will] you or members of your immediate family individual or of record, 10% or more of the outstanding shares of stock regulatory authority, or its affiliates? An "affiliate" of, or perso directly, or indirectly through one or more intermediaries, cont with, the person specified. Yes No X If yes, please identify the company or companies in which the the outstanding voting securities.	illy or cumulatively subscribe to or own, beneficially of any entity subject to regulation by an insingular management of any entity subject to regulation by an insingular management of the subject of	ficially urance on tha contro
with, the person specified. Yes No X If yes, please identify the company or companies in which the the outstanding voting securities. If any of the shares of stock are pledged or hypothecated in any	ally or cumulatively subscribe to or own, beneficially or cumulatively subject to regulation by an insign "affiliated" with, a specific person, is a personal second or is controlled by, or is under common or cumulative stock holdings represent 10% or naturally way, give details.	ficially urance on tha contro
Do [Will] you or members of your immediate family individual or of record, 10% or more of the outstanding shares of stock regulatory authority, or its affiliates? An "affiliate" of, or person directly, or indirectly through one or more intermediaries, continuit, the person specified.	illy or cumulatively subscribe to or own, be of any entity subject to regulation by an n "affiliated" with, a specific person, is a p	nel ins
[Will] you or members of your immediate family individual of record, 10% or more of the outstanding shares of stock alatory authority, or its affiliates? An "affiliate" of, or person seetly, or indirectly through one or more intermediaries, contin, the person specified. Solution No X es, please identify the company or companies in which the outstanding voting securities. In the shares of stock are pledged or hypothecated in any	ally or cumulatively subscribe to or own, beneficially or cumulatively subject to regulation by an insign "affiliated" with, a specific person, is a personal second or is controlled by, or is under common or cumulative stock holdings represent 10% or naturally way, give details.	ficially urance on that control
Do [Will] you or members of your immediate family individual or of record, 10% or more of the outstanding shares of stock regulatory authority, or its affiliates? An "affiliate" of, or person directly, or indirectly through one or more intermediaries, cont with, the person specified. Yes No X If yes, please identify the company or companies in which the the outstanding voting securities.	ally or cumulatively subscribe to or own, beneficially or cumulatively subject to regulation by an insign "affiliated" with, a specific person, is a personal second or is controlled by, or is under common or cumulative stock holdings represent 10% or naturally way, give details.	ficially urance on that contro
Do [Will] you or members of your immediate family individual or of record, 10% or more of the outstanding shares of stock regulatory authority, or its affiliates? An "affiliate" of, or perso directly, or indirectly through one or more intermediaries, contwith, the person specified. Yes No X If yes, please identify the company or companies in which the the outstanding voting securities.	ally or cumulatively subscribe to or own, beneficially or cumulatively subject to regulation by an insign "affiliated" with, a specific person, is a personal second or is controlled by, or is under common or cumulative stock holdings represent 10% or naturally way, give details.	ficially urance on tha contro
Do [Will] you or members of your immediate family individual or of record, 10% or more of the outstanding shares of stock regulatory authority, or its affiliates? An "affiliate" of, or perso directly, or indirectly through one or more intermediaries, contwith, the person specified. Yes No X If yes, please identify the company or companies in which the the outstanding voting securities.	ally or cumulatively subscribe to or own, beneficially or cumulatively subject to regulation by an insign "affiliated" with, a specific person, is a personal second or is controlled by, or is under common or cumulative stock holdings represent 10% or naturally way, give details.	ficially urance on that control
Do [Will] you or members of your immediate family individual or of record, 10% or more of the outstanding shares of stock regulatory authority, or its affiliates? An "affiliate" of, or perso directly, or indirectly through one or more intermediaries, contwith, the person specified. Yes No X If yes, please identify the company or companies in which the the outstanding voting securities.	ally or cumulatively subscribe to or own, beneficially or cumulatively subject to regulation by an insign "affiliated" with, a specific person, is a personal second or is controlled by, or is under common or cumulative stock holdings represent 10% or naturally way, give details.	ficially urance on that control

Applic	ant Comp	pany Name: Centene Corporation	NAIC No FEIN: _	None 42-1406317
15.	were a	ar knowledge has any company or entity (including entition officer or director, trustee, investment committee older, had any of the following events occur while you ny level provide the group code	nember, key manag	gement employee or controlling
	a.	Been refused a permit, license, or certificate of auth licensing agency?	ority by any regula	tory authority, or governmental-
		Yes No X		
	b,	Had its permit, license, or certificate of authority susp to any judicial, administrative, regulatory, or discip receivership, conservatorship, federal bankruptcy pro similar proceeding)?	olinary action (incli	iding rehabilitation, liquidation,
		Yes No X		
	C.	Been placed on probation or had a fine levied again authority in any civil, criminal, administrative, regulat		
		Yes X No		
		answer to any of the above is yes, please indicate and gi should also include any events within twelve (12) month		
	state, f which or rev	From time to time, Centene Corporation and its subsidirederal and/or government contract performance measure these entities do business. None of these entities has be oked. Fines levied against these entities occurred durally held responsible or culpable in any of these actions.	es, reviews or examinent probates	nations in various jurisdictions in ion nor had its license suspended
	Note:	If an affiant has any doubt about the accuracy of an an	swer, the question si	hould be answered in the positive

and an explanation provided.

Applicant Company Name: Centene Corporation	NAIC No FEIN: _	None 42-1406317
Dated and signed this 16th day of April , 2019 at under penalty of perjury that I am acting on my own behalf and that the foof my knowledge and belief.	St. Louis, Mi pregoing statemen	ssouri . I hereby certify ts are true and correct to the bes
X I hereby acknowledge that I may be contacted to provide additional in	formation regardi	ng international searches.
(Signature of Affiant) State of: Missouri County of: St. Louis		
The foregoing instrument was acknowledged before me this 16th day of and:	April,	20 <u>19</u> by <u>Jesse N. Hunter</u> ,
X who is personally known to me, or		
who produced the following identification:		
[SEAL]		Ochorah Cross Notary Public
•		Deborah Cross
1000000000000000		Printed Notary Name October 21, 2020
DEBORAH CROSS Notary Public - Notary Seal STATE OF MISSOURI St. Charles County My Commission Expires: Oct. 21, 2020 Commission # 12406516		ly Commission Expires

JESSE N. HUNTER - 2019

COMPANY NAME

TITLE

Manager
Manager
Director
Director & Vice President
Director
Director & Vice President
Director & President
Manager
Director, Secretary & President
Director
Vice President
Vice President

Applica	ant Comp	any Nam	e Centene Corporation	n	NAIC N	None	06317
					200		00317
				ficate of Authori GRAPHICAL	ty Application (UCA AFFIDAVIT	A)	
may be	required	to provid	y law, this affidavit will le additional informatio d internationally.	be kept confiden n during the third (Print or Ty	-party verification pro	nce regulate occss if they	ory authority. The affiant have attended a foreign
			lephone number of the oup Names)				phical statement is being
		Center	ne Corporation, 7700 Fo	orsyth Blvd., St. La	ouis, MO 63105; 314-	725-4477	
In con	nection s	with the	above named entity. I	herewith make r	representations and s	unnly infor	mation about myself as
hereina ANSW	ister set f	orth. (Att NO" OR	ach addendum or sepai	rate sheet if space ALL FIELDS	e hereon is insufficient MUST HAVE A RE	nt to answe SPONSE.	r any question fully.) IF INCOMPLETE FORMS
1	Affiant	's Full Na	une (Initials Not Accept	able): First:(Christopher Middle	Russell	Last:Isaak
2.	a.	Are you a citizen of the United States?					
		Yes	X No .				
	\mathbf{b}_{*}	Are you	a citizen of any other c	ountry?			
		Yes _	No X				
		If yes, v	vhat country?				
3,	Affiant	's occupa	tion or profession: Sen	ior Vice Presiden	t, Corporate Controlle	r & Chief A	ccounting Officer
4.	Affiant	's busines	s address: 7700 Forsy	h Blvd., St. Louis	, Missouri 63105		
	Busine	ss telepho	ne: <u>314-725-4477</u>	Bus	iness Email: <u>christopl</u>	ner.r.isaak@	centene.com
5,	Educat	ion and tr	aining:				
College	e/Univers	sity	City/Stat	<u>e</u>	Dates Attended (MM/YY)	Degree Obtained
Univer	sity of No	otre Damo	South Be	nd, [N	08/1984 - 05/19	88 <u>A</u> c	Bachelor of Business Iministration-Accounting
<u>Gradua</u>	ite_Studie	<u>s</u>	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
None		 					
Other None	l'raining:	Name	City/State	Dates Attend	ed (MM/YY)	<u>Degre</u>	e/Certification Obtained
Note:		nt attendo	ed a foreign school, ple	ase provide full a	ddress and telephone	number of	the college/university. If

attendance to the Biographical Affidavit Personal Supplemental Information.

applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of

Applican	t Company Name: Centene Co	orporation	NAIC No	None 42-1406317
6	List of memberships in profession	nal societies and assoc	iations:	
	Name of Society/Association Friends of the Cathedral	Contact Name	Address of Society/Association 4431 Lindell Blvd	Telephone Number of Society/Association
	Basilica – BOD	None	St. Louis, MO 63108	314-373-8200
	The American Institute of		1211 Ave of the Americas	
	Certified Public Accountants	None	New York, NY 10036-8775	888-777-7077
	MO Society of Certified Public Accountants	None	540 Maryville Centre Dr, St. Louis, MO 63141	314-997-7966
7.	Present or proposed position wit	h the Applicant Compa	my: Senior Vice President, C	Corporate Controller &
9	Chief Accounting Officer			
		s, partnerships, owner of trecent first. Attach act numbers and superving the third-party veri	of an entity, administrator, man dditional pages if the space pro- visory information for the pa	nager, operator, directorates or ovided is insufficient. It is only st ten (10) years. Additional al employers.
	ng/Einding MM/YY): <u>04/2016 - Present</u>	_ Employer's Name:_	Centene Corporation	
Address:	7700 Forsyth Blvd.	City: St. Louis	State/Provinc	e: Missouri
Country:	USA Postal Code:_	63105 Phone: 31	14-725-4477 Offices/Positions	Sr. Vice President, Corp Held: <u>Controller, & CAO</u>
Type of	Business: Healthcare	Supervi	sor/Contact: Jeff Schwaneke	
	ng/Ending //M/YY): <u>06/2015</u> - <u>02/2016</u>	_ Employer's Name:_	TTM Technologies, Inc. (TTM	acquired Viasystem 6/1/15)
Address:	101 S. Hanley, Suite 1800	City: St. Louis	State/Provinc	e:_Missouri
Country:	USA Postal Code:	63105 Phone: 31	14-727-2087 Offices/Positions	Held; VP, Corp Controller
Type of	Business: Manufacturing/Techn	ology Supervi	sor/Contact: Todd Schull	
	ng/Ending /IM/YY): <u>10/2006 - 05/2015</u>	_ Employer's Name:_	Viasystems Group, Inc.	
Address:	101 S. Hanley, Suite 1800	City: St. Louis	State/Provinc	
Country:	USA Postal Code:	63105 Phone: 3	14-727-2087 Offices/Positions	VP, Corp Controller, & Held: Chief Acets Officer
Type of	Business: <u>Manufacturing/Techr</u>	ology Supervi	sor/Contact: Jerry Sax	
	ng/Ending MM/YY): <u>07/2003</u> - <u>10/2006</u>	_ Employer's Name:_	Kellwood Company	
Address:	600 Kellwood Parkway	City: Chesterfield	d State/Provinc	e: Missouri
	USA Postal Code:	,		Dir/Deputy Dir-Internal Audit
Type of	Business: Consumer Products/F	Retail Supervi	sor/Contact: Greg Kleffner / I	.cc Capps
				Revised 04/08/19

Applica	nt Comp	any Name: Centene Corporation	NAIC No FEIN: _	None 42-1406317
	ng/Endir MM/YY	ng):06/200207/2003Employer's Name:_ <u>KPMG</u>		
Address	: <u>10 S.</u>	Broadway, Suite 900 City: St. Louis	State/Provi	nce: Missouri
Country	: USA	Postal Code: 63102 Phone: 314-444-140	00 Offices/Position	s Held: Senior Manager
Type of	Busines	s: Public Accounting Firm Supervisor/Contac	et: Jerry Carlson	
	ng/Endir MM/YY	ng): <u>07/1988 - 06/2002</u> Employer's Name: <u>Arthur An</u>	dersen LLP (no los	nger exists)
Address	: 1010	Market Street, Suite 1000 City: St. Louis	State/Provi	nce Missouri
Country	:_USA	Postal Code: 63101 Phone: N/A	Offices/Position	s Held: Senior Manager
Type of	Busines	s: Public Accounting Firm Supervisor/Contact	et: Larry Katzen	
9.	a.	Have you ever been in a position which required a fideling	ty bond?	
		Yes No X		
		If any claims were made on the bond, give details:		
	b.	Have you ever been denied an individual or position strevoked? Yes No X If yes, give details:	·	
10.	or gove in the p the lice number are reas represe	y professional, occupational and vocational licenses (inclustramental licensing agency or regulatory authority or licenses. For any non-insurance regulatory issuer, identify and ensing authority or regulatory body having jurisdiction over its your Social Security Number (SSN) or embeds your S sonably identifiable as your SSN, then write SSN for that need by your SSN. (For example, "SSN", "12-SSN-345" of the space provided is insufficient.	nsing authority that provide the name, er the license (s) is SN or any sequence t portion of the pro- or "1234-SSN" (t you presently hold or have held address and telephone number of sued. If your professional license se of more than five numbers that ofessional license number that is (last 6 digits)). Attach additional
Organiz	zation/lss	suer of License: Missouri Board of Accountancy Address:	3605 Missouri Bly	vd., PO Box 613
City: Je	fferson (City State/Province: MO Country:	USA	Postal Code: 65102-0613
License	Туре:	CPA License #: 012960 D	ate Issued (MM/Y	Y):11/1988
Date Ex	spired (N	M/YY): N/Λ Reason for Termination: N	/Λ	
Non-In	surance I	Regulatory Phone Number (if known): Unknown		
Organiz	zation/Iss	suer of License: Address:		
				Roviced 04/08/19

Applica	ant Co	ompany Name: Centene Corporation		None 42-1406317
City:		State/Province:		
Licenso	: Тур	e:License #:	Date Issued (MM/Y	Y):
Date E	хрігес	d (MM/YY): Reason for Terr	nination:	
Non-In	suran	nce Regulatory Phone Number (if known):	1.1.9000000	
11.		responding to the following, if the record has been record was sealed or expunged, an affiant may re		
	a.	Been refused an occupational, professional any public administrative, or governmental		t by any regulatory authority, or
		Yes No X		
	b.	Had any occupational, professional, or voc any judicial, administrative, regulatory, or o		old or have held, been subject to
		Yes No X		
	c.	Been placed on probation or had a fine levi license or permit in any judicial, administra		
		Yes No X		
	d.	Been charged with, or indicted for, any crir	ninal offense(s) other than civil	traffic offenses?
		Yes No X		
	e.	Pled guilty, or nolo contendere, or been offenses?	convicted of, any criminal of	Mense(s) other than civil traffic
		Yes No X		
	ſ	Had adjudication of guilt withheld, had a so suspended, or been pardoned, fined, or pl traffic offenses?	aced on probation, for any cri-	
		Yes No X		
	g.	Been subject to a cease and desist letter or orde administrative, regulatory, or disciplinary action regulating the business of insurance, securities practices in the course of the business of insurance.	n, from violating any federal, sta s or banking, or from carryin	ate law or law of another country
		Yes No X		
	h.	Been, within the last ten (10) years, a party financial dispute?	to any civil action involving o	lishonesty, breach of trust, or a
		Yes No X		
	i.	Had a finding made by the Comptroller of an	y state or the Federal Governi	nent that you have violated any

any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated

	IEIN: 42-1406317
Yes No X	
Had a lien or foreclosure action filed against you or any	entity while you were associated with that entity?
Yes No X	•
	ovide details including dates, locations, disposition, etc.
Attach a copy of the complaint and filed adjudication or	settlement as appropriate.
ist any entity subject to regulation by an insurance regulateerm "control" (including the terms "controlling," "control possession, direct or indirect, of the power to direct or caperson, whether through the ownership of voting securities,	led by" and "under common control with") means the use the direction of the management and policies of a
or non-management services, or otherwise, unless the power fice held by the person. Control shall be presumed to exholds with the power to vote, or holds proxies representing, to their person. None.	er is the result of an official position with or corporate ist if any person, directly or indirectly, owns, controls,
nuer personivone	
If any of the stock is pledged or hypothecated in any way, gi	ve details.
Do [Will] you or members of your immediate family individually of record, 10% or more of the outstanding shares of storegulatory authority, or its affiliates? An "affiliate" of, or pelirectly, or indirectly through one or more intermediaries, or	dually or cumulatively subscribe to or own, beneficially ock of any entity subject to regulation by an insurance rson "affiliated" with, a specific person, is a person that
Do [Will] you or members of your immediate family individually of record, 10% or more of the outstanding shares of storegulatory authority, or its affiliates? An "affiliate" of, or pelirectly, or indirectly through one or more intermediaries, counth, the person specified.	dually or cumulatively subscribe to or own, beneficially ock of any entity subject to regulation by an insurance rson "affiliated" with, a specific person, is a person that
Do [Will] you or members of your immediate family individually of record, 10% or more of the outstanding shares of steregulatory authority, or its affiliates? An "affiliate" of, or pelirectly, or indirectly through one or more intermediaries, ewith, the person specified. Yes NoX	dually or cumulatively subscribe to or own, beneficially ock of any entity subject to regulation by an insurance erson "affiliated" with, a specific person, is a person that ontrols, or is controlled by, or is under common control
Do [Will] you or members of your immediate family individual or of record, 10% or more of the outstanding shares of storegulatory authority, or its affiliates? An "affiliate" of, or pedirectly, or indirectly through one or more intermediaries, cowith, the person specified. Yes No No If yes, please identify the company or companies in which the outstanding voting securities.	dually or cumulatively subscribe to or own, beneficially ock of any entity subject to regulation by an insurance irson "affiliated" with, a specific person, is a person that ontrols, or is controlled by, or is under common control the cumulative stock holdings represent 10% or more of
If yes, please identify the company or companies in which the outstanding voting securities. If any of the shares of stock are pledged or hypothecated in a	dually or cumulatively subscribe to or own, beneficially ock of any entity subject to regulation by an insurance irson "affiliated" with, a specific person, is a person that ontrols, or is controlled by, or is under common control the cumulative stock holdings represent 10% or more of
Do [Will] you or members of your immediate family individual or of record, 10% or more of the outstanding shares of storegulatory authority, or its affiliates? An "affiliate" of, or pedirectly, or indirectly through one or more intermediaries, cowith, the person specified. Yes No No If yes, please identify the company or companies in which the outstanding voting securities.	dually or cumulatively subscribe to or own, beneficially ock of any entity subject to regulation by an insurance rison "affiliated" with, a specific person, is a person that ontrols, or is controlled by, or is under common control the cumulative stock holdings represent 10% or more of
Do [Will] you or members of your immediate family individual of record, 10% or more of the outstanding shares of storegulatory authority, or its affiliates? An "affiliate" of, or pedirectly, or indirectly through one or more intermediaries, ewith, the person specified. Yes No X If yes, please identify the company or companies in which the outstanding voting securities.	dually or cumulatively subscribe to or own, beneficially ock of any entity subject to regulation by an insurance rson "affiliated" with, a specific person, is a person that ontrols, or is controlled by, or is under common control the cumulative stock holdings represent 10% or more of

Applicant Com	pany Name: Centene Corporation	NAIC No FEIN: _	None 42-1406317
a.	Been refused a permit, license, or certificate of au licensing agency?	thority by any regula	tory authority, or governmental-
	Yes No X		
b.	Had its permit, license, or certificate of authority sus to any judicial, administrative, regulatory, or disc receivership, conservatorship, federal bankruptcy p similar proceeding)?	ciplinary action (incli	iding rehabilitation, liquidation,
	Yes No X		
c,	Been placed on probation or had a fine levied aga authority in any civil, criminal, administrative, regula		
	Yes X No		
If the	answer to any of the above is yes, please indicate and a should also include any events within twelve (12) mon	give details. When res ths after his or her dep	ponding to questions (b) and (c), arture from the entity.
state, i which or rev	From time to time, Centene Corporation and its subside federal and/or government contract performance measure these entities do business. None of these entities has broked. Fines levied against these entities occurred deally held responsible or culpable in any of these actions.	res, reviews or examinate placed on probation of the normal country.	nations in various jurisdictions in on nor had its license suspended urse of business, and I was not
Note	If an affiant has any doubt about the accuracy of an a and an explanation provided.	inswer, the question si	lould be answered in the positive
Dated and sign under penalty of of my knowled	ed this <u>16th</u> day of <u>April</u> , 20 <u>19</u> of perjury that I am acting on my own behalf and that the ge and belief.	at <u>St. Louis, Mi</u> ne foregoing statemen	ssouri I hereby certify ts are true and correct to the best
X I hereby a	cknowledge that I may be contacted to provide additional	al information regardi	ng international searches.
-	Mushphis diaah		
	(Signature of Affiant)		
State of:	Missouri County of: St. Louis	_	
The foregoing i	instrument was acknowledged before me this 16th day	of April ,	2019 by Christopher R. Isaak.
and:			
who is pers	sonally known to me, or		
who produ	ced the following identification:		
[SEAI	JOAN E. PRICE Notary Public - Notary Seal STATE OF MISSOURI St. Louis County My Commission Expires: Mar. 21, 2021 Commission # 17971276		Notary Public Joan E. Price Printed Notary Name March 21, 2021 y Commission Expires

BIOGRAPHICAL AFFIDAVIT - CHRISTOPHER ISAAK

List of Officerships

NAME OF HEALTH CARE OPERATIONS	ADDRESS	AFFILIATION DATES	NATURE OF AFFILIATION WITH FACILITY
Absolute Total Care, Inc.	1441 Main Street, Suite 900 Columbia, SC 29201	05/17-present	Director
Access Medical Acquisition, Inc. (CMG)	6100 Blue Lagoon Dr., Suite 365 Miami, FL 33126	06/18-present	Treasurer
Access Medical Group of Florida City, Inc. (CMG)	6100 Blue Lagoon Dr., Suite 365 Miami, FL 33126	06/18-present	Treasurer
Access Medical Group of Hialeah, Inc. (CMG)	6100 Blue Lagoon Dr., Suite 365 Miami, FL 33126	06 18-present	Treasurer
Access Medical Group of Miami, Inc. (CMG)	6100 Blue Lagoon Dr., Suite 365 Miami, FL 33126	06/18-present	Treasurer
Access Medical Group of North Miami Beach, Inc. (CMG)	6100 Blue Lagoon Dr., Suite 365 Miami, FL 33126	06/18-present	Treasurer
Access Medical Group of Opa-Locka, Inc. (CMG)	6100 Blue Lagoon Dr., Suite 365 Miami, FL 33126	06/18-present	Treasurer
Access Medical Group of Perrine, Inc. (CMG)	6100 Blue Lagoon Dr., Suite 365 Miami, FL 33126	06/18-present	Treasurer
Access Medical Group of Tampa II, Inc. (CMG)	6100 Blue Lagoon Dr., Suite 365 Miami, FL 33126	06/18-present	Treasurer
Access Medical Group of Tampa III, Inc. (CMG)	6100 Blue Lagoon Dr., Suite 365 Miami, FL 33126	06/18-present	Treasurer
Access Medical Group of Tampa, Inc. (CMG)	6100 Blue Lagoon Dr., Suite 365 Miami, FL 33126	06 18-present	Treasurer
Access Medical Group of Westchester, Inc. (CMG)	6100 Blue Lagoon Dr., Suite 365 Miami, FL 33126	06/18-present	Treasurer
Agate Resources	1800 Millrace Dr. Eugene, OR 97403	10/17-present	Treasurer
Ambetter of Peach State, Inc.	1100 Circle 75 Parkway, Suite 500 Atlanta, GA 30339	10/17-present	Treasurer
Arkansas Total Care Holding Company, LLC	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	09 17-present	Director
Arkansas Total Care, LLC	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	09 17-present	Director
Calibrate Acquisition Co.	7700 Forsyth Blvd., Suite 800 Clayton MO 63105	06/18-present	Treasurer
Carolina Complete Health, Inc.	3120 Highwoods Blvd., Suite 212 Raleigh, NC 27604	04 18-present	Treasurer
Celtic Group, inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	11/16-present	VP Finance, Controller, Treasurer Director
Celtic Insurance Company	233 S. Wacker Dr., Ste 700 Chicago, IL 60606	05/17-present	VP Finance, Controller, Treasurer / Director
Centene Corporation	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	04/16-present	SVP, Corp Controller, CAO
Centene Health Plan Holdings, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	11/16-present	Treasurer
Community Medical Holdings Corp.	6100 Blue Lagoon Dr., Suite 365 Miami, FL 33126	06 18-present	Treasurer
Coordinated Care Corporation, Inc.	1099 N. Meridian Street, Suite 320 and 400 Indianapolis, IN 46204	08/16-present	Treasurer
DC Care Connections Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	11/16-02/17	Treasurer
Envolve Dental IPA of New York, Inc.	7700 Forsyth Blvd., Suite 800 Clayton MO 63105	08/18-present	Treasurer
Envolve Dental of Florida, Inc.	5130 Sunforest Drive, Suite 200 Tampa, FL 33634	06/17-present	Treasurer

BIOGRAPHICAL AFFIDAVIT - CHRISTOPHER ISAAK

List of Officerships

NAME OF HEALTH CARE OPERATIONS	ADDRESS	AFFILIATION DATES	NATURE OF AFFILIATION WITH FACILITY
Envolve Dental of Texas, Inc.	2100 S. Interstate 35, #202 Austin, TX 78704	08/17-present	Treasurer
Envolve Dental, Inc.	5130 Sunforest Drive, Suite 200 Tampa, FL 33634	06/17-present	Treasurer
Envolve, Inc.	7733 Forsyth Blvd, 14th Floor Clayton MO 63105	11/16-present	Treasurer / Director
Forensie Health Services, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	04/18-06/18	Treasurer
Foundation Health Facilities, Inc.	7700 Forsyth Blvd. Suite 800 Clayton MO 63105	08/17-10/18	Director
Health Plan Real Estate Holding, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	08/17-present	Vice President / Director
Healthy Oklahoma Holdings, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	05/16-present	Treasurer
Interpreta Holdings, Inc.	7700 Forsyth Blvd, Suite 800 Clayton, MO 63105	03/18-present	Treasurer / Director
Interpreta, Inc	7700 Forsyth Blvd, Suite 800 Clayton, MO 63105	05/18-present	Treasurer / Director
lowa Total Care	7700 Forsyth Blvd, Suite 800 Clayton, MO 63105	05/18-present	Vice President / Director
Isla Holding Company, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	05 18-present	Vice President / Director
MHM Correctional Services, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	04/18-06/18	Treasurer
MHM Health Professionals, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	04 18-06 18	Treasurer
MHM Maryland, inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	04 18-06 18	Treasurer
MHM Ohio, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	04/18-06/18	Treasurer
MHM Service, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	04/18-06/18	Treasurer
MHM Services of California, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	04 18-06 18	Treasurer
MHM Solutions, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	04 18-06 18	Treasurer
Michigan Complete Health, Inc. (fka Fidelis SecureCare of Michigan, Inc.)	800 Tower Dr., Ste. 200 Troy, MI 48098	08/17-present	Treasurer / Director
Nebraska Total Care, Inc.	2121 N. 117th Ave., 3rd Floor Omaha, NE 68164	04/17-present	Assi Treasurer
Oklahoma Complete Health, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	06/16-present	Treasurer
Peach State Health Plan, Inc.	1100 Circle 75 Parkway, Suite 500 Atlanta, GA 30339	03/17-present 09/16-12/17	Asst Treasurer Director
Qualmed Plans for Health of Colorado, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	09 17-10 18	President / Director
Qualmed Plans for Health of Pennsylvania, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	09 17-present	President Director
Qualmed Plans for Health of Western Pennsylvania, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	09/17-present	President Director
The Centene Foundation for Quality Health Care	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	10*17-present	Director
Western Sky Community Care, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	09 17-present	Treasurer

Applica	nt Compan	y NameCentene Corporation	NAIC No	None
Applica	ni Compan	y ivaline. <u>Centelle Corporation</u>	FEIN:	42-1406317
		Uniform Certificate of Author BIOGRAPHICAL		
may be	required to	itted by law, this affidavit will be kept confident provide additional information during the thirt worked internationally. (Print or T	d-party verification proces	regulatory authority. The affiant s if they have attended a foreign
		and telephone number of the present or proposes Group Names)		s biographical statement is being
		Centene Corporation; 7700 Forsyth Blvd., St.	Louis, MO 63105; 314-72	5-4477
hereinal ANSWI	fler set fort FR IS "NO	the above-named entity, I herewith make h. (Attach addendum or separate sheet if space)" OR "NONE," SO STATE, ALL, FIELDS THE APPLICATION PROCESS or REUSLT II	e hereon is insufficient to MUST HAVE A RESPO	answer any question fully.) IF ONSE. INCOMPLETE FORMS
1.	Affiant's	ull Name (Initials Not Acceptable); First:	Michael Middle:	Frederic Last: Neidorff
2.0	a. /	are you a citizen of the United States'?		
	Y	es X No		
	bar A	are you a citizen of any other country?		
	Y	es No X		
	I	f yes, what country?		
3.	Afliant's	occupation or profession: Chairman and CEG		
4.	Affiant's	ousiness address: 7700 Forsyth Blvd., St. Lou	is, MO 63105	
	Business	elephone: 314-725-4477 Bus	siness Email:_ <i>MFN@Cen</i>	lene.com
5.	Education	and training		
College	/University	T-02	Dates Attended (MM	VYY) Degree Obtained
Trinit	y Universi	y San Antonio, TX	09/61 - 05/65	BS
,	te Studies	College/University City/State	Dates Attended (MM	
		St. Francis College Loretta, PA	06/65 – 06/66	MA

Dates Attended (MM/YY)

Degree/Certification Obtained

City/State

Other Training: Name

None

6. List of memberships in professional societies and associations:

Name of Society/Association Greater St. Louis Boy Scouts	Contact Name Ronald Green	Address of Society/Association 4568 West Pine Blvd, St.	Telephone Number of Society/Association
of America		Louis, MO 63108	314-256-3004
Concordance Academy	Danny Ludeman	1845 Borman Ct St. Louis, MO 63146	314-396-6001
DeVos Institute of Arts Management	Aisha Wolo	1300 Pennsylvania Avenue NW, Suite 410 Washington, DC 20004	
Opera Theatre of St. Louis	Andrew Jorgensen	210 Hazel Avenue St. Louis, MO 63119	301-314-0940
St. Louis Symphony Orchestra	Marie-Helene Bernard	718 North Grand Blvd., St. Louis, MO 63103	314-963-4237
Trinity University	Danny Anderson	One Trinity Place, San Antonio, TX 78212	314-286-4495 210-999-8401
National Urban League	Marc Morial	120 Wall Street, New York, NY 10005	212-558-5330
Civic Progress	Kathleen Strout	800 Market Street, Suite 1900, St. Louis, MO 63101	314-206-8523
G100	Daniel Casse	315 East Hopkins Avenue Aspen, CO 81611	970-544-9500
CEOs Against Cancer, St. Louis Chapter	Jason McClelland	4207 Lindell Blvd. St. Louis, MO 63108	314-286-8157
Kennedy Center	Deborah Rutter	Kennedy Center Washington, DC 20566	202-416-8066
St. Louis Regional Chamber	Ann Joos	One Metropolitan Square St. Louis, MO 63102	314-444-1101
Yale Schwarzman Center	Stephen Schwarzman	160 Grove Street New Haven, CT 06511	212-583-5823
United Way of Greater St. Louis	Bob Peranich	910 North 11 th Street St. Louis, MO 63101	314-539-4012

7. Present or proposed position with the Applicant Company: <u>Chairman and Chief Executive Officer</u>

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Inding

Dates (MM/YY): 06/96 - Current Employer's Name: Centene Corporation

Address: 7700 Forsyth Boulevard City: St. Louis State/Province: MO

Applica	int Comp	any Name: Centene Corpora	tion	NAIC No. ₋ FEIN:	None 42-1406317
		ostal Code: 63105 Phone: 314- ident and CEO (05/04 – 11/17)		Positions Held: <i>Chairn</i>	nan and CEO (11/17 - Present);
Type of	Busines	s: Health Insurance Contact:	Human Resources, 3	14-725-4477	
	ing/Endir MM/YY	ng):Emp	loyer*s Name:	1131	
Addres	s:	Ci	ty:	State/Prov	ince:
Country	y:	Postal Code:	Phone:	Offices/Position	ns Held:
Турс о	f Busines	s.	Supervisor/C	Contact:	
	ing/Endir MM/YY		loyer's Name:		
Addres	s:	C	ty:	State/Provi	ince:
Country	y:	Postal Code	Phone:	Offices/Position	ns Held:
Type o	Γ Busines	s:	Supervisor/C	Contact:	
Beginn Dates (ing/Endir MM/YY	ng):Emp	loyer*s Name:		
Addres	s:	Ci	ty:	State/Prov	ince:
Country	y:	Postal Code:	Phone:	Offices/Position	ns Held:
Турс о	l'Busines	s:	Supervisor/C	Contact:	
9.	a.	I lave you ever been in a posit Yes No X If any claims were made on the		·	
	b.	Ilave you ever been denied revoked? Yes No X	an individual or pos	ition schedule fidelity	bond, or had a bond canceled or
		If yes, give details:			
10.	or gove in the p the lice number are reas	ernmental licensing agency or rest. For any non-insurance regulations authority or regulatory ber is your Social Security Numbersonably identifiable as your SS	egulatory authority of datory issuer, identified ody having jurisdiction of (SSN) or embeds y N, then write SSN fole, "SSN", "12-SSN	r licensing authority that y and provide the name, on over the license (s) is our SSN or any sequen- or that portion of the pi	ell securities) issued by any public at you presently hold or have held, address and telephone number of ssued. If your professional license ee of more than five numbers that rofessional license number that is (last 6 digits)). Attach additional

Applicant Comp	any Name: Centene Corporation		NAIC No FEIN: _	None 42-1406317
Organization/Iss	uer of License:	Address:		
City:	State/Province:	Country	. <u></u>	_ Postal Code:
License Type:	License #:	Date I	ssued (MM/Y	Y):
Date Expired (M	M/YY):Reason f	or Termination:		
Non-Insurance R	legulatory Phone Number (if known):			
Organization/Iss	uer of License:	Address:		
City	State/Province:	Country:		_ Postal Code
License Type:	License #:	Date I	ssued (MM/Y	Y):
Date Expired (M	M/YY): Reason f	or Termination:		
the rece a. b.	Been refused an occupational, professional, any judicial, administrative, regulator Yes No X Been placed on probation or had a filicense or permit in any judicial, administrative. No X No X Been placed on probation or had a filicense or permit in any judicial, administrative.	may respond "no" to the ssional, or vocational licensing agency or vocational license or vocational license or ry, or disciplinary action ne levied against you or ninistrative, regulatory, or	e question. Have cense or permit? permit you he ? your occupation disciplinary	ve you ever: it by any regulatory authority, or old or have held, been subject to onal, professional, or vocational action?
d. e.	Pled guilty, or nolo contendere, or offenses?			
ſ.	Yes No X Had adjudication of guilt withheld, I suspended, or been pardoned, fined traffic offenses? Yes No X			

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country

		Centene Corporation	NAIC No ITEIN: _	42-1406317
		ousiness of insurance, securities or be course of the business of insurance, sec		g out any particular practice or
	Yes	No X		
h.	Been, within the financial dispute	e last ten (10) years, a party to any	civil action involving d	lishonesty, breach of trust, or a
	Yes X	No		
L	provisions of sm	nade by the Comptroller of any state nall loan laws, banking or trust compalation lawfully made by the Comptrolle	my laws, or credit union	laws, or that you have violated
	Yes	No X		
j.	Had a lien or for	reclosure action filed against you or an	y entity while you were a	issociated with that entity?
	Yes	No X		
		to any question above is yes, please p f the complaint and filed adjudication of		
	11(h): See Atta	chment A		
Lie	4 			
pos per or r offi hol	at any entity subject m "control" (incluses session, direct or son, whether thro non-management ice held by the position of th	ct to regulation by an insurance regular uding the terms "controlling," "control indirect, of the power to direct or e- ough the ownership of voting securities services, or otherwise, unless the powerson. Control shall be presumed to e- tro vote, or holds proxies representing.	olled by and "under co ause the direction of the by contract other than wer is the result of an of xist if any person, direc	mmon control with") means the e management and policies of a a commercial contract for goods fficial position with or corporate tly or indirectly, owns, controls,
terr pos per or r offi hol oth	at any entity subject m "control" (incluses session, direct or eson, whether through non-management fice held by the polyton with the power person. None	ct to regulation by an insurance regular uding the terms "controlling," "control indirect, of the power to direct or e- ough the ownership of voting securities services, or otherwise, unless the powerson. Control shall be presumed to e- tro vote, or holds proxies representing.	olled by" and "under co ause the direction of the b, by contract other than ver is the result of an of xist if any person, direct ten percent (10%) or me	mmon control with") means the management and policies of a a commercial contract for goods ficial position with or corporate tly or indirectly, owns, controls, ore of the voting securities of any
per or i offi holooth If a Do or eg direwith	at any entity subject mecontrol (inclusives session, direct or eson, whether thromon-management fice held by the peds with the power person. None of record, 10% o gulatory authority, ectly, or indirectly th, the person spec	ct to regulation by an insurance regular uding the terms "controlling," "control uding the terms "controlling," "control indirect, of the power to direct or eagh the ownership of voting securities services, or otherwise, unless the powerson. Control shall be presumed to ear to vote, or holds proxies representing. pledged or hypothecated in any way, a property of the outstanding shares of sor its affiliates? An "affiliate" of, or pay through one or more intermediaries,	olled by" and "under co ause the direction of the s, by contract other than wer is the result of an of xist if any person, direc- ten percent (10%) or mo- tive details	mmon control with") means the e management and policies of a a commercial contract for goods ficial position with or corporate tly or indirectly, owns, controls, ore of the voting securities of any subscribe to or own, beneficially tet to regulation by an insurance a specific person, is a person that

Applicant Co.	mpany Name: Centene Corporation	NAIC No FEIN: _	None 42-1406317
_			365
14 Have	e you ever been adjudged a bankrupt?		
Yes	No X		
If ye	es, provide details:		
were stock	your knowledge has any company or entity (including enti- e an officer or director, trustee, investment committee kholder, had any of the following events occur while you pany level provide the group code	member, key manag	ement employee or controlling
a.	Been refused a permit, license, or certificate of auticensing agency?	thority by any regula	tory authority, or governmental-
	Yes No X		
b.	Had its permit, license, or certificate of authority sus to any judicial, administrative, regulatory, or disc receivership, conservatorship, federal bankruptcy p similar proceeding)?	ciplinary action (incl	iding rehabilitation, liquidation,
	Yes No X		
c.	Been placed on probation or had a fine levied aga authority in any civil, criminal, administrative, regula		
	Yes X No		
If the affia	e answer to any of the above is yes, please indicate and and should also include any events within twelve (12) mon	give details. When res ths after his or her de	ponding to questions (b) and (c), parture from the entity,
<u>of s</u> juris licen	e): From time to time, Centene Corporation and its substitute, federal and/or government contract performant sdictions in which these entities do business. None of the sessingular substitutes are suspended or revoked. Fines levied against these en I was not personally held responsible or culpable in any	ce measures, review hese entitics has been tities occurred during	es or examinations in various placed on probation nor had its
Note	e: If an affiant has any doubt about the accuracy of an a and an explanation provided.	answer, the question s	hould be answered in the positive

Applicant Company Name: Centene Corporation	NAIC No FEIN: _	None 42-1406317
Dated and signed this 16th day of April , 2019 under penalty of perjury that I am acting on my own behalf and that of my knowledge and belief.	at <u>St. Louis, Missor</u> the foregoing statemen	uri . 1 hereby certify ts are true and correct to the best
X I hereby acknowledge that I may be contacted to provide addition	nal information regardi	ng international searches.
(Signature of Affiant)		
State of: Missouri County of: St. Louis The foregoing instrument was acknowledged before me this 16th da and: X who is personally known to me, or	— ay of <u>April</u> ,	2019 by Michael F. Neidorff,
who produced the following identification:		
[SEAL] MICHELLE M. WILLIAMSON Notary Public - Notary Seal STATE OF MISSOURI St. Louis County My Commission Expires: June 5, 2020 Commission # 12570454		Notary Public Michelle M. Williamson Printed Notary Name June 5, 2020 ly Commission Expires

Biographical Affidavit Response to Question 11(h)

As a director and officer of Centene Corporation ("Centene"), I have been a named party to the following lawsuits:

- On June 11, 2012, Centene reduced its annual earnings guidance primarily as a result of higher than anticipated medical costs in certain of its markets. A class action lawsuit alleging violations of securities laws in connection with the earnings guidance was filed in Federal court on June 29, 2012. A shareholder derivative lawsuit relating to the same set of facts was filed in Missouri State court on August 6, 2012. The Federal lawsuit was dismissed on September 24, 2012 and the shareholder derivative lawsuit was dismissed on October 22, 2012.
- On November 14, 2016, a putative federal securities class action, *Israel Sanchez v. Centene Corp.*, et al., was filed against Centene and certain of its executives in the U.S. District Court for the Central District of California. In March 2017, that Court entered an order transferring the matter to the U.S. District Court for the Eastern District of Missouri. The plaintiffs in the lawsuit allege that Centene's accounting and related disclosures for certain liabilities acquired in the acquisition of Health Net, Inc. violated federal securities laws. In July 2017, the lead plaintiff filed a Consolidated Class Action Complaint. Centene filed a motion to dismiss this complaint in September 2017. In February 2018, the Court held a hearing on the motion to dismiss but has not yet issued a ruling.
- On January 24, 2018, a separate derivative action was filed by plaintiff Harkesh Parekh against Centene and certain of its officers and directors in the United States District Court for the Eastern District of Missouri. Plaintiff purports to bring suit derivatively on behalf of Centene against certain officers and directors for violation of securities laws, breach of fiduciary duty, waste of corporate assets and unjust enrichment. The derivative complaint repeats many of the allegations in the federal securities class action, Israel Sanchez v. Centene Corp., et al., described above and asserts that defendants made inaccurate or misleading statements, and/or failed to correct the alleged misstatements.

A second shareholder derivative action was filed on March 9, 2018, by plaintiffs Laura Wood and Peoria Police Pension Fund. A third shareholder derivative action was filed on December 14, 2018, by plaintiffs Carpenter Pension Fund of Illinois and Iron Workers Local 11 Pension Fund. The second and third derivative suits largely repeat the allegations in the securities class action and the first derivative suit. On January 9, 2019, the Court consolidated the three derivative suits and established a schedule for determining lead plaintiff and lead counsel. On February 5, 2019, plaintiffs in the three derivative suits filed a consolidated amended complaint. Lead plaintiffs and counsel have been appointed. On February 22, 2019, Centene moved to stay the consolidated derivative action pending resolution of the Sanchez matter. That motion has not yet been decided.

Appli	cant Company Na	me: Centene Corporatio	n	NAIC No. None FEIN: 42-1	± 406317
			icate of Authorit GRAPHICAL A	y Application (UCAA) .FFIDAVIT	
may b	e required to pro-			ial by the state insurance regula party verification process if the	
	ame, address and ed (Do Not Use C		present or propose	d entity under which this biogr	aphical statement is being
	Cen	tene Corporation; 7700 Fo	orsyth Blvd., St. L	ouis, MO 63105; 314-725-447	7
herein ANS\	nafter set forth. (A WER IS "NO" O	Attach addendum or separa R "NONE," SO STATE.	ate sheet if space ALL FIELDS 1	epresentations and supply info hereon is insufficient to answ MUST HAVE A RESPONSE. REJECTION OF THE APPLIC	er any question fully.) IF INCOMPLETE FORMS
1.				Middle: <u>Rumley</u> Last: <u>Roberts</u>	
2,	a. Are y	ou a citizen of the United S	States?		
	Yes [X No			
	b. Are y	ou a citizen of any other co	ountry?		
	Yes [No X			
	If yes	, what country? <i>None</i>			
3.	Affiant's occu	pation or profession: Retira	ed CPA		
4.	Affiant's busin	ness address: <u>126 North Pr</u>	ice Road, St. Lou	is, Missouri 63124	
	Business telep	hone: <u>314-991-0349</u>	Business Ema	il: <u>irrobertsstl@gmail.com</u>	
5.	Education and	training:			
Colle	ge/University	City/State	:	Dates Attended (MM/YY)	Degree Obtained
<u>Unive</u>	ersity of Alabama	Tuscaloo	sa, Alabama	09/59 to 05/63	BS-Accounting
Gradi <i>None</i>	uate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
Other	Training: Name	City/State	Dates Attende	rd (MM/YY) Degr	ee/Certification Obtained

None_

rapplie	ant Company Panic. Centen	<u>c_corporation</u>	NAIC NO	None
			FEIN: _	42-1406317
6.	List of memberships in profe	essional societies and as	sociations:	
	Name of		Address of	Telephone Number
	Society/Association	Contact Name	Society/Association	of Society/Association
	American Institute of		1211 Avenue of the	
	Certified Public		Americas, New York, NY	
	Accountants	None	10036	212-596-6200
	M-42		2001 Pennsylvania Ave.	
	National Association of Corporate Directors	None	NW, Suite 500, Washington, DC 20006	202 775 0500
	Obspirate Birectors	None	Washington, DC 20000	202-775-0509
7.	Present or proposed position	with the Applicant Con	npany: <i>Director</i>	
8.	including present jobs, posit officerships). Please list the necessary to provide teleph	ions, partnerships, owne most recent first. Attach none numbers and sup	er of an entity, administrator, m	insated or otherwise (up to and anager, operator, directorates or rovided is insufficient. It is only past ten (10) years. Additional anal employers.
	ing/Ending [MM/YY): <u>03/04 - Presen</u>	nt Employer's Name	: <u>Centene Corporation (Affian</u>	t is not an employee)
Addres	s: 7700 Forsyth Boulevard	City: Saint Loui	is State/Provin	ce: Missouri
Country	y: <u>USA</u> Postal Code: <u>63105</u> Ph	one: <u>314-725-4477</u> Offi	ces/Positions Held: Director and	d Audit Committee Chair
Type of	Business: <u>Health Insurance</u>	Supervisor/Contact: Mic	hael Neidorff / 314-725-4477	
	ing/Ending MM/YY):	Employer's Name	None – Affiant retired in 12/	98
Addres	s;	City:	State/Provin	ce:
Country	y:Postal Cod	le: Phone:	Offices/Positions	Held:
Type of	Business:	Super	visor/Contact:	
Beginni Dates (ing/Ending MM/YY):	Employer's Name		
Address	s:	City:	State/Provin	ce:
Country	/:Postal Cod	le: Phone:	Offices/Positions	Held:
Type of	Business:	Super	visor/Contact:	
	ing/Ending MM/YY):	Employer's Name:	-	
Address	s:	City:	State/Provin	ce:
Country	Postal Cod	le: Phone:	Offices/Positions	Held:
Type of	Business:	Super	visor/Contact:	

Applic	ant Com	pany Name: Centene Corporation	NAIC No. FEIN:	None 42-1406317
9.	a.	Have you ever been in a position which requir	ed a fidelity bond?	
		Yes No X	,	
		If any claims were made on the bond, give det	ails: <i>None</i>	
	b.	Have you ever been denied an individual or revoked?	position schedule fidelity	bond, or had a bond canceled or
		Yes No X		
		If yes, give details: None		
10.	or gove in the j the lice numbe are rea represe	by professional, occupational and vocational licer ermmental licensing agency or regulatory authority past. For any non-insurance regulatory issuer, identified authority or regulatory body having jurisor is your Social Security Number (SSN) or embediasonably identifiable as your SSN, then write SS ented by your SSN. (For example, "SSN", "12-if the space provided is insufficient.	ity or licensing authority the entify and provide the name liction over the license (s) is eds your SSN or any sequent of the p	at you presently hold or have held, address and telephone number of ssued. If your professional license ce of more than five numbers that rofessional license number that is
Organ <u>Suite 2</u>		suer of License: State of Alabama(plus other St	tates from time to time) Ad	dress: 7700 Washington Avenue,
City: 1	Montgom	<u>ery</u> State/Province; <u>Alabama</u> Country; <u>USA</u> Post	tal Code: <u>36104</u>	
Licens	se Type: <u>C</u>	Certified Public Accountant License #: SSN Dat	e Issued (MM/YY): <u>01/67</u>	
Date I	Expired (N	MM/YY): <u>12/99</u> Reason for Termination: <u>Retiren</u>	<u>nent</u>	
Non-I	nsurance :	Regulatory Phone Number (if known): <u>Unknow</u>	vn	
Organ	ization/Is	suer of License:	Address:	
City:_		State/Province:(Country:	Postal Code:
Licens	se Type:	License #	Date Issued (MM/)	/Y):
Date E	Expired (N	MM/YY): Reason for Termin	ation:	
Non-I	nsurance :	Regulatory Phone Number (if known):		
11,		onding to the following, if the record has been soord was sealed or expunged, an affiant may resp		
	a,	Been refused an occupational, professional, o any public administrative, or governmental lic		nit by any regulatory authority, or
		Yes No X		

nt Co	ompany Name: Centene Corporation	NAIC No FEIN: _	None 42-1406317
b⊜	Had any occupational, professional, or vocational licer any judicial, administrative, regulatory, or disciplinary		old or have held, been subject to
	Yes No X		
c	Been placed on probation or had a fine levied against yelicense or permit in any judicial, administrative, regulat		
	Yes No X		
d,	Been charged with, or indicted for, any criminal offense	e(s) other than civil	traffic offenses?
	Yes No X		
e.	Pled guilty, or nolo contendere, or been convicted offenses?	of, any criminal o	flense(s) other than civil traffic
	Yes No X		
f.	Had adjudication of guilt withheld, had a sentence imposuspended, or been pardoned, fined, or placed on protraffic offenses?		
	Yes No X		
	Been subject to a cease and desist letter or order, or enjoine administrative, regulatory, or disciplinary action, from violategulating the business of insurance, securities or banking practices in the course of the business of insurance, securities	iting any federal, st g, or from carryin	ate law or law of another country
	Yes No X		
h.	Been, within the last ten (10) years, a party to any civil financial dispute?	action involving	dishonesty, breach of trust, or a
	Yes X No		
i.	Had a finding made by the Comptroller of any state or the provisions of small loan laws, banking or trust company laws any rule or regulation lawfully made by the Comptroller of any state or the provisions of small loan laws.	ws, or credit union	i laws, or that you have violated
	Yes No X		
j.	Had a lien or foreclosure action filed against you or any enti	ty while you were a	associated with that entity?
	Yes No X		
	If the response to any question above is yes, please provid Attach a copy of the complaint and filed adjudication or sett		
	11(h): See Attachment A		

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a

Appli	cant Con	npany Name: Centene Corporation	NAIC No FEIN:	None 42-1406317
	or no office holds	n, whether through the ownership of voting securities n-management services, or otherwise, unless the power held by the person. Control shall be presumed to e with the power to vote, or holds proxies representing person. None	ver is the result of an o xist if any person, direc	a commercial contract for goods fficial position with or corporate tly or indirectly, owns, controls, ore of the voting securities of any
	If any	of the stock is pledged or hypothecated in any way, g	tive details. <i>None</i>	
13.	or of regula direct with,	Vill] you or members of your immediate family indiverse of the outstanding shares of story authority, or its affiliates? An "affiliate" of, or ply, or indirectly through one or more intermediaries, the person specified.	tock of any entity subjects on "affiliated" with,	ect to regulation by an insurance a specific person, is a person that
	Yes If yes the ou <u>None</u>	, please identify the company or companies in which standing voting securities.		oldings represent 10% or more of
	If any	of the shares of stock are pledged or hypothecated in		
14.	Have	you ever been adjudged a bankrupt?		
	Yes	No X		
	If yes	, provide details: <u>None</u>		
15.	were stockl	our knowledge has any company or entity (including e an officer or director, trustee, investment committ holder, had any of the following events occur while any level provide the group codeNA	ee member, key manag	gement employee or controlling
	a	Been refused a permit, license, or certificate of licensing agency?	authority by any regula	tory authority, or governmental-
		Yes No X		
	b _{eq}	Had its permit, license, or certificate of authority to any judicial, administrative, regulatory, or d receivership, conservatorship, federal bankruptcy similar proceeding)?	isciplinary action (incl	ading rehabilitation, liquidation,
		Yes No X		
	c .,,	Been placed on probation or had a fine levied a authority in any civil, criminal, administrative, reg		

Applicant Company Name: Centene Corporation	NAIC No	
	FEIN:	42-1406317
Yes X No		
If the answer to any of the above is yes, please indicate and give detaffiant should also include any events within twelve (12) months after		
15(c): From time to time, Centene Corporation and its subsidiaries of state, federal and/or government contract performance mediurisdictions in which these entities do business. None of these entities of business suspended or revoked. Fines levied against these entities of and I was not personally held responsible or culpable in any of the Financial Corporation and during its day-to-day business, Region penalties and regulatory actions levied by regulatory agencies all in	asures, reviews tities has been p ccurred during se actions. I an ns Financial C	of examinations in various placed on probation nor had its the normal course of business, a former Director of Regions Corporation has incurred fines,
Note: If an affiant has any doubt about the accuracy of an answer,	the question she	ould be answered in the positive
and an explanation provided.		
Dated and signed this 16th day of April , 2019 at St. L under penalty of perjury that I am acting on my own behalf and that the foregof my knowledge and belief.	ouis, Missouri going statements	. I hereby certify s are true and correct to the best
X I hereby acknowledge that I may be contacted to provide additional infor	mation regardin	g international searches.
Lol D Ph. de	-	
(Signature of Affiant)		
State of: Missouri County of: St. Louis		
The foregoing instrument was acknowledged before me this 16th day of	April , :	2019 by John R. Roberts, and:
X who is personally known to me, or		
who produced the following identification:	·	
[SEAL] MARY MARTHA FRANZEN Notary Public, Notary Seal State of Missouri St. Louis County Commission # 1.7122441 My Commission Expires 10-24-2021	P	Notary Public Mary Martha Franzen Printed Notary Name October 24, 2021 y Commission Expires

Biographical Affidavit Response to Question 11(h)

A lawsuit involving allegations of civil conspiracy regarding an employment agreement's deferred compensation plan was filed in 2008, and the case was dismissed on summary judgment in 2013.

As a result of being on the board of directors, I was named in ten lawsuits involving Regions Financial Corporation. Eight of the cases (six filed in 2009 and two filed in 2008) were purported class and derivative securities actions that have been dismissed. Two of the cases (both filed in 2008) were ERISA class actions that were consolidated and settled.

As a director of Centene Corporation ("Centene"), I have been a named party to the following lawsuits:

- On June 11, 2012, Centene reduced its annual earnings guidance primarily as a result of higher than
 anticipated medical costs in certain of its markets. A lawsuit alleging violations of securities laws
 in connection with the earnings guidance was filed in Missouri State court on August 6, 2012 and
 was dismissed on October 22, 2012.
- On January 24, 2018, a derivative action was filed by plaintiff Harkesh Parekh against Centene and certain of its officers and directors in the United States District Court for the Eastern District of Missouri. Plaintiff purports to bring suit derivatively on behalf of Centene against certain officers and directors for violation of securities laws, breach of fiduciary duty, waste of corporate assets and unjust enrichment. This derivative lawsuit is related to the November 14, 2016 putative federal securities class action, Israel Sanchez v. Centene Corp., et al., to which I was not a named party.

A second shareholder derivative action was filed on March 9, 2018, by plaintiffs Laura Wood and Peoria Police Pension Fund. A third shareholder derivative action was filed on December 14, 2018, by plaintiffs Carpenter Pension Fund of Illinois and Iron Workers Local 11 Pension Fund. The second and third derivative suits largely repeat the allegations in the securities class action and the first derivative suit. On January 9, 2019, the Court consolidated the three derivative suits and established a schedule for determining lead plaintiff and lead counsel. On February 5, 2019, plaintiffs in the three derivative suits filed a consolidated amended complaint. Lead plaintiffs and counsel have been appointed. On February 22, 2019, Centene moved to stay the consolidated derivative action pending resolution of the Sanchez matter. That motion has not yet been decided.

Applica	ant Company N	ame: Centene Corporation		NAIC No. FEIN:	None 42-1406	5317
				ity Application (UCAA) AFFIDAVIT		
may be	required to pre	d by law, this affidavit will be by ide additional information orked internationally.	e kept confider during the third (Print or T	d-party verification proces	regulator	y authority. The affiant nave attended a foreign
		d telephone number of the pr Group Names).	esent or propos	401 HA	s biograpl	nical statement is being
		ntene Corporation; 7700 Fors	yth Blvd., St. L	ouis, MO 63105; 314-725	5-4477	
hereina ANSW	ifter set forth. (ER IS "NO" (ne above-named entity, I he Attach addendum or separat DR "NONE," SO STATE APPLICATION PROCESS	e sheet if spac ALL FIELDS	e hereon is insufficient to MUST HAVE A RESPO	o answer a	any question fully.) IF ICOMPLETE FORMS
1,	Affiant's Full	Name (Initials Not Acceptal	ole): First:,	Jeffrey Middle:	Alan	Last: Schwaneke
2.	a. Are	you a citizen of the United St	ates?			
	Yes	X No				
	b. Are	you a citizen of any other cou	intry?			
	Yes	No X				
	If ye	s, what country?				
3.	•	apation or profession <u>Exec</u>	itive Vice Presi	dent / Chief Financial Off	icer / Trea	surer
4.		ness address: 7700 Forsyth	9.5	- 22	100	
		phone:_314-725-4477		iness Email: <u>jschwaneke</u>	@centene	com
5.	Education and					
	e/University	City/State		Dates Attended (MM	1/YY)	Degree Obtained
_	sity of Missour			08/93 - 05/97		BS in Accounting
	te Studies	College/University	City/State	Dates Attended (MM	<u>1/YY)</u>	Degree Obtained
	Training: Name	City/State	Dates Attend	led (MM/YY)	Degree/0	Certification Obtained

None

Appli	icant Company Name: Cente	ene Corporation	NAIC No	
			FEIN:	42-1406317
6.	List of memberships in pro	fessional societies and association	ciations	
	Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
	None			
		20		
7.	Present or proposed position	on with the Applicant Comp	any Executive Vice Presiden	nt, Chief Financial Officer,
	and Treasurer			<u> </u>
8.	including present jobs, pos officerships). Please list the necessary to provide tele	itions, partnerships, owner e most recent first. Attach a phone numbers and super	of an entity, administrator, madditional pages if the space pr	nsated or otherwise (up to and anager, operator, directorates or rovided is insufficient. It is only ast ten (10) years. Additional and employers.
	nning/Ending s (MM/YY); <u>03/16</u> - <u>Pres</u>	ent Employer's Name:_	Centene Corporation – SEE A	TTACHMENT A
Addr	ess: 7700 Forsyth Blvd.	City: St. Louis	State/Provin	ce:_Missouri
Coun	try: <u>USA</u> Postal Code: 63	105 Phone: 314-725-447	7Offices/Positions Held:	EVP, CFO and Treasurer
Туре	of Business: Health care	Supervi	sor/Contact: Michael Neidor	ſſ
	nning/Ending : (MM/YY): <u>07/08</u> - <u>03/1</u>	6 Employer's Name:_	Centene Corporation	
Addre	ess: 7700 Forsyth Blvd.	City: St. Louis	State/Provin	ce: Missouri
Coun	try: <u>USA</u> Postal Code: <u>63</u>	105 Phone: 314-725-447	7 Offices/Positions Held:	CAO, SVP and Controller
Туре	of Business: Health care	Supervi	sor/Contact: Michael Neidor	<u>m</u>
	nning/Ending s (MM/YY): <u>05/06 - 06/0</u>	8 Employer's Name:	Novelis, Inc.	
Addre	ess: 3399 Peachtree Road	City: Atlanta	State/Provin	ce Georgia
Coun	try: USA Postal C	ode: 30326 Phone: 4	04-814-4200 Offices/Positions	Held: Controller
Туре	of Business: Aluminum rolled	products/can recycling Sup	pervisor/Contact: Steve Fishe	<u>r</u>
	nning/Ending s (MM/YY): <u>11/02</u> - <u>04/0</u>	6 Employer's Name:_	SPX Corporation	
Addr	ess: 13515 Ballantyne Corpora	te Pl. City: Charlotte	State/Provin	ce: North Carolina
Coun	try: USA Postal C	ode: <u>28277</u> Phone:_ <u>7</u>	04-752-4400 Offices/Positions	Held Segment Controller
Туре	Infrastructure, pr of Business: equipment, and d		sor/Contact: Bob Patterson	

Applicant Company Name: Centene Corporation	NAIC No. None FEIN: 42-1406317
Beginning/Ending Dates (MM/YY): 11/00 - 10/02 Employer's Name: Pricewater	houseCoopers, LLP
Address: 1055 Broadway City: Kansas City	State/Province: Missouri
Country: USA Postal Code: 64105 Phone: 816-472-792	1 Offices/Positions Held Senior Associate
Type of Business: Accounting Supervisor/Contac	t:_ Jim Gregg
Beginning/Ending Dates (MM/YY): 11/98 - 10/00 Employer's Name: Mayer, Ho	ffman, McCann P.C.
Address: 420 Nichols Road City Kansas City	State/Province Missouri
Country: <u>USA</u> Postal Code: <u>64112</u> Phone: <u>913-234-190</u>	0 Offices/Positions Held Senior Associate
Type of Business: Accounting Supervisor/Contact	t: Rick Mills
9. a. Have you ever been in a position which required a fidelity	y bond?
Yes No X	
If any claims were made on the bond, give details:	
b. Have you ever been denied an individual or position s revoked?	chedule fidelity bond, or had a bond canceled or
Yes No X	
If yes, give details:	
10. List any professional, occupational and vocational licenses (included or governmental licensing agency or regulatory authority or licens in the past. For any non-insurance regulatory issuer, identify and puthe licensing authority or regulatory body having jurisdiction over number is your Social Security Number (SSN) or embeds your SS are reasonably identifiable as your SSN, then write SSN for that represented by your SSN. (For example, "SSN", "12-SSN-345" pages if the space provided is insufficient.	sing authority that you presently hold or have held provide the name, address and telephone number of r the license (s) issued. If your professional license BN or any sequence of more than five numbers that portion of the professional license number that is
Organization/Issuer of License: Missouri Board of Accountancy Addres	ss: P.O. Box 613
City: <u>Jefferson City</u> State/Province: <u>Missouri</u> Country: <u>U</u>	JSA Postal Code: 65102-0613
License Type: <u>CPA</u> License #: <u>020977</u> Da	nte Issued (MM/YY): 04/2016
Date Expired (MM/YY): 09/30/2019 Reason for Termination: N//	A – License active
Non-Insurance Regulatory Phone Number (if known): Unknown	
Organization/Issuer of License: Kansas Board of Accountancy Address: 9	200 SW Jackson Street, Suite 556
-	

Applicant C	ompany Name: <u>Cent</u>	ene Corporation	NAIC No. FEIN:	None 42-1406317
City Tope	kaState/Pi	ovince: <u>Kansas</u>	Country: USA	Postal Code:66612
License Typ	e: CPA	License #: N0105	Date Issued (MM/Y	Y):_07/01
Date Expire	d (MM/YY): 07/03	Reason for Te	rmination: Let license lapse	
Non-Insurar	ce Regulatory Phone N	lumber (if known): <u>Unl</u>	known	
			een sealed or expunged, and the a respond "no" to the question. Ha	ffiant has personally verified that ve you ever:
\mathbf{a}_{i}		occupational, profession istrative, or government		it by any regulatory authority, or
	Yes N	lo X		
b,	Had any occupat any judicial, adm	onal, professional, or vo	ocational license or permit you h r disciplinary action?	old or have held, been subject to
	Yes X	lo		
C.	Been placed on p license or permit	robation or had a fine le in any judicial, administ	vied against you or your occupati rative, regulatory, or disciplinary	onal, professional, or vocational action?
	Yes X	lo 🔃		
d.	Been charged with	h, or indicted for, any cr	iminal offense(s) other than civil	traffic offenses?
	Yes N	o X		
e.	Pled guilty, or roffenses?	olo contendere, or bee	n convicted of, any criminal o	flense(s) other than civil traffic
	Yes N	o X		
f.:				had pronouncement of a sentence minal offense(s) other than civil
	Yes N	o X		
g.	administrative, regular regulating the busine	tory, or disciplinary actions of insurance, securit	on, from violating any federal, sta	y or permanently, in any judicial, ate law or law of another country g out any particular practice or
	Yes N	o X		
h.	Been, within the last financial dispute?	ten (10) years, a party	to any civil action involving o	lishonesty, breach of trust, or a
	Yes X	о		
Î.	provisions of small lo	an laws, banking or tru	any state or the Federal Governa st company laws, or credit union comptroller of any state or the Federal	nent that you have violated any a laws, or that you have violated eral Government?

Applic	cant Company Name Centene Corporation	NAIC No	None
		FEIN: _	42-1406317
	Yes No X		
	j. Had a lien or foreclosure action filed against you or any e	ntity while you were a	associated with that entity?
	Yes No X		
	If the response to any question above is yes, please prov Attach a copy of the complaint and filed adjudication or s	vide details including settlement as appropria	dates, locations, disposition, etc.
	11(b) and 11(c): The Missouri CPA license was subject physical support for completed Continuing Professional out my duties, and the probation just stipulates that requirements which is being done.	Education (CPE) hour	s. This has no effect on carrying
	11(h): SEE ATTACHMENT B		
12.	List any entity subject to regulation by an insurance regulator term "control" (including the terms "controlling," "controlle possession, direct or indirect, of the power to direct or camperson, whether through the ownership of voting securities, to or non-management services, or otherwise, unless the power office held by the person. Control shall be presumed to exist holds with the power to vote, or holds proxies representing, te other person. None	ed by and "under co se the direction of the by contract other than is the result of an of st if any person, direc	mmon control with") means the e management and policies of a a commercial contract for goods ficial position with or corporate tly or indirectly, owns, controls
	If any of the stock is pledged or hypothecated in any way, give	e details	
13.	Do [Will] you or members of your immediate family individe or of record, 10% or more of the outstanding shares of stoc regulatory authority, or its affiliates? An "affiliate" of, or person directly, or indirectly through one or more intermediaries, conwith, the person specified.	k of any entity subje son "affiliated" with, a	ct to regulation by an insurance is specific person, is a person that
	Yes No X		
	If yes, please identify the company or companies in which the outstanding voting securities.	e cumulative stock ho	ldings represent 10% or more of
		-	
	If any of the shares of stock are pledged or hypothecated in an	y way, give details.	
14.	Have you ever been adjudged a bankrupt?		
	Yes No X		
	If yes, provide details:		

	pany Name: Centene Corporation	NAIC No. ₋ FEIN: _	None 42-1406317
were a	or knowledge has any company or entity (including entities an officer or director, trustee, investment committee metolder, had any of the following events occur while you see any level provide the group code	ember, key mana	gement employee or controlling
a.	Been refused a permit, license, or certificate of author licensing agency?	rity by any regula	tory authority, or governmental-
	Yes No X		
b.	Had its permit, license, or certificate of authority susper to any judicial, administrative, regulatory, or discipli- receivership, conservatorship, federal bankruptcy proce- similar proceeding)?	inary action (incl	uding rehabilitation, liquidation,
	Yes No X		
c.	Been placed on probation or had a fine levied against authority in any civil, criminal, administrative, regulator		
	Yes X No		
If the a	answer to any of the above is yes, please indicate and give should also include any events within twelve (12) months	details. When res after his or her dep	ponding to questions (b) and (c), parture from the entity.
state, f	From time to time, Centene Corporation and its subsidiariederal and/or government contract performance measures, these entities do business. None of these entities has been oked. Fines levied against these entities occurred during	reviews or examing placed on probat	nations in various jurisdictions in ion nor had its license suspended

and an explanation provided.

Applicant Company	Name: Centene Corporation		NAIC No. No	one
			FEIN: 42	-1406317
Dated and signed this under penalty of perj of my knowledge and	s 16 th day of April ury that I am acting on my own beha I belief.	, 20 <u>19</u> at If and that the fore	St. Louis, Missou going statements are	ri . I hereby certify the true and correct to the best
John	viedge that I may be contacted to prov	ide additional info	rmation regarding in	nternational searches.
	ouri County of: St. Cha	_	, 20 <u>19</u>	9 by <u>Jeffrey A. Schwaneke,</u>
${f X}$ who is personally	y known to me, or			
who produced th	e following identification:			
[SEAL]	KAREN NOTO Notary Public - Notary Seal STATE OF MISSOUR! St. Charles County My Commission Expires: July 8, 20 Commission # 12594892	120	<u>Kar</u> Printe	Notary Public en Noto ed Notary Name v 8, 2020

<u>COMPANY</u>	ELECTION DATES	<u>TITLE</u>
Absolute Total Care, Inc.	08/18/2016-present	Vice President, Treasurer
Ambetter of Magnolia, Inc.	03/16/2015-present	Director, Vice President, Treasurer
Ambetter of North Carolina, Inc.	11/27/2018-present	Treasurer
Ambetter of Peach State, Inc.	02/06/2015-present	Director, Vice President
Arkansas Health & Wellness Health Plan, Inc.	01/29/2016-present	Director, Treasurer
Bankers Reserve Life Insurance Company of Wisconsin	10/26/201 i-present	Director, President
Blue Sky Health Plan, Inc.	11/28/2010-present	Treasurer
Buckeye Community Health Plan, Inc.	06/29/2016-present	Treasurer
Buckeye Health Plan Community Solutions, Inc.	11/04/2015-present	Treasurer
California Health and Wellness Plan	08/30/2012-present	Treasurer
Carolina Complete Health, Inc.	04/15/2018-present	Vice President
CBHSP Arizona, Inc.	06/02/2017-present	Director, Vice President, Treasurer
Celticare Health Plan Holdings, LLC	03/30/2018-present	Manager, Treasurer
CeltiCare Health Plan of Massachusetts, Inc.	10/20/2009-present	Treasurer
Centene Acquisition Corporation	11/13/2017-present	Director, Treasurer
Centene Center I, LLC	05/25/2016-present	Vice President and Treasurer
Centene Center II, LLC	05/25/2016-present	Director, Treasurer
Centene Center III, LLC	10/24/2017-present	Treasurer
Centene Center LLC	05/25/2016-present	Manager, Vice President, Treasurer
Centene Health Plan Holdings, Inc.	11/16/2016-present	Director, Vice President
Centene Management Company LLC	02/01/2016-present	Vice President, Treasurer
Centene UK Limited	04/05/2018-present	Director, Treasurer
Centene Venture Company Florida	11/14/2018-present	Director, Treasurer
Centene Venture Company Illinois	11/26/2018-present	Treasurer
Centene Venture Company Kansas	11/01/2018-present	Director, Treasurer
Centene Venture Company Michigan	11/07/2018-present	Director, Treasurer
CMC Hanley, LLC	12/21/2018-present	Vice President and Treasurer
CMC Real Estate Company, LLC	06/01/2016-present	Vice President, Treasurer
Coordinated Care Corporation	08/16/2016-present	Vice President
Coordinated Care of Washington, Inc.	04/17/2013-present	Treasurer
Envolve - New York, Inc.	03/20/2015-present	Treasurer
Envolve Benefit Options, Inc.	04/29/2016-present	Vice President
Envolve Holdings, Inc.	12/22/2008-present	Vice President
Envolve Total Vision, Inc.	07/01/2017-present	Vice President
Envolve Vision Benefits, Inc.	05/02/2016-present	Vice President
Envolve Vision IPA of New York, Inc.	01/25/2019-present	Vice President
Envolve Vision of Texas, Inc.	07/30/2018-present	Vice President
FH Assurance Company	04/28/2016-present	Director, President
GPT Acquisition, LLC	06/20/2016-present	Manager, Vice President, Treasurer
Grace Hospice of Illinois	12/15/2017-present	Director
Granite State Health Plan, Inc.	03/14/2012-present	Treasurer
Hallmark Life Insurance Company	10/26/2011-present	Director, Vice President, Treasurer
Health Net Community Solutions, Inc.	04/25/2016-present	Director, Vice President
Health Net Community Solutions of Arizona, Inc.	04/28/2016-present	Director, Vice President and Treasurer
Health Net Health Plan of Oregon, Inc.	04/28/2016-present	Vice President
Health Net Life Insurance Company	04/28/2016-present	Director, Vice President
Health Net Life Reinsurance Company	04/28/2016-present	Director, Vice President
Health Net of Arizona Administrative Services, Inc.	04/28/2016-present	Director, Vice President and Treasurer
Health Net of Arizona, Inc.	04/28/2016-present	Director, Vice President and Treasurer
Health Net of California, Inc.	04/25/2016-present	Director, Senior Vice President
Health Net Services, Inc.	07/29/2016-present	Treasurer
Health Net Veterans LLC	04/28/2016-present	Treasurer
Health Plan Real Estate Holding, Inc.	05/28/2013-present	Director, President, Treasurer

Healthy Missouri Holdings, Inc.	04/16/2012-present	Treasurer
Healthy Oklahoma Holdings, Inc.	05/27/2016-present	Director, Vice President
Healthy Washington Holdings, Inc.	03/19/2018-present	Treasurer
Home State Health Plan, Inc.	07/20/2011-present	Treasurer
IlliniCare Health Plan, Inc.	03/23/2010-present	Treasurer
Iowa Total Care, Inc.	02/13/2014-present	Treasurer
Isla Holding Company, Inc.	07/21/2011-present	Treasurer
Kentucky Spirit Health Plan Inc.	06/20/2011-present	Director, Treasurer
Lifeshare Management Group, LLC	02/14/2017-present	Manager, Vice President, Treasurer
LiveHealthier, Inc.	11/04/2014-present	Vice President
Louisiana Healthcare Connections, Inc.	11/02/2009-present	Treasurer
LSM Holdco, Inc.	05/16/2013-present	Vice President, Treasurer
Magnolia Health Plan, Inc.	02/25/2009-present	Treasurer
Managed Health Network, LLC	04/24/2016-present	Chief Financial Officer
Managed Health Services Insurance Corporation	09/17/2018-present	Treasurer
MHN Global Services, Inc.	04/28/2016-present	Chief Financial Officer
MHN Services, LLC	04/28/2016-present	Manager, Chief Financial Officer
MHS Travel & Charter, Inc.	09/08/2017-present	Director, Treasurer
Nebraska Total Care, Inc.	09/16/2015-present	Treasurer
New York Quality Healthcare Organization	11/13/2017-present	Chairman
Next Door Neighbors, Inc.	10/25/2018-present	Director, Treasurer
Next Door Neighbors, LLC	10/26/2018-present	Treasurer
NovaSys Health, Inc.	05/03/2010-present	Treasurer
Oklahoma Complete Health, Inc.	06/22/2016-present	Director, Vice President
Patriots Holding Co.	02/22/2018-present	Director, Treasurer
Peach State Health Plan, Inc.	09/15/2016-present	Treasurer
Pennsylvania Health & Wellness Inc.	10/15/2015-present	Treasurer
Pennsylvania Health Care Plan, Inc.	04/28/2016-present	Director, President
Pinnacle Senior Care of Kalamazoo, LLC	08/28/2015-present	Manager
PrimeroSalud, SL	05/07/2014-present	Director, Vice President
Qualmed, Inc.	04/28/2016-present	Chief Financial Officer, Treasurer
SilverSummit Healthplan, Inc.	01/04/2016-present	Director, Treasurer
Sunflower State Health Plan, Inc.	09/15/2011-present	Treasurer
Sunshine Health Community Solutions, Inc.	12/11/2015-present	Director, Treasurer
Sunshine Health Holding, LLC	05/31/2018-present	Treasurer
Sunshine State Health Plan, Inc.	02/05/2009-present	Treasurer
Superior Healthplan, Inc.	12/25/2015-present	Director, Treasurer
Superior HealthPlan Community Solutions, Inc.	11/25/2015 present	Director, Vice President
Tennessee Total Care, Inc.	05/31/2018-present	Treasurer
The Centene Charitable Foundation	04/05/2016-present	Director, Treasurer
Trillium Community Health Plan, Inc.	09/14/2015-present	Treasurer
U.S. Medical Management Holdings, Inc.	01/06/2014-present	Director, Vice President
U.S. Medical Management, LLC	08/26/2015-present	Manager, Vice President
Western Sky Community Care Inc.	06/19/2012-present	Director, Vice President

Biographical Affidavit Response to Question 11(h)

As an officer of Centene Corporation ("Centene"), I have been a named party to the following lawsuits:

- On June 11, 2012, Centene reduced its annual earnings guidance primarily as a result of higher than
 anticipated medical costs in certain of its markets. A class action lawsuit alleging violations of
 securities laws in connection with the earnings guidance was filed in Federal court on June 29,
 2012. A shareholder derivative lawsuit relating to the same set of facts was filed in Missouri State
 court on August 6, 2012. The Federal lawsuit was dismissed on September 24, 2012 and the
 shareholder derivative lawsuit was dismissed on October 22, 2012.
- On November 14, 2016, a putative federal securities class action, *Israel Sanchez v. Centene Corp.*, et al., was filed against Centene and certain of its executives in the U.S. District Court for the Central District of California. In March 2017, that Court entered an order transferring the matter to the U.S. District Court for the Eastern District of Missouri. The plaintiffs in the lawsuit allege that Centene's accounting and related disclosures for certain liabilities acquired in the acquisition of Health Net, Inc. violated federal securities laws. In July 2017, the lead plaintiff filed a Consolidated Class Action Complaint. Centene filed a motion to dismiss this complaint in September 2017. In February 2018, the Court held a hearing on the motion to dismiss but has not yet issued a ruling.
- On January 24, 2018, a separate derivative action was filed by plaintiff Harkesh Parekh against Centene and certain of its officers and directors in the United States District Court for the Eastern District of Missouri. Plaintiff purports to bring suit derivatively on behalf of Centene against certain officers and directors for violation of securities laws, breach of fiduciary duty, waste of corporate assets and unjust enrichment. The derivative complaint repeats many of the allegations in the federal securities class action, Israel Sanchez v. Centene Corp., et al., described above and asserts that defendants made inaccurate or misleading statements, and/or failed to correct the alleged misstatements.

A second shareholder derivative action was filed on March 9, 2018, by plaintiffs Laura Wood and Peoria Police Pension Fund. A third shareholder derivative action was filed on December 14, 2018, by plaintiffs Carpenter Pension Fund of Illinois and Iron Workers Local 11 Pension Fund. The second and third derivative suits largely repeat the allegations in the securities class action and the first derivative suit. On January 9, 2019, the Court consolidated the three derivative suits and established a schedule for determining lead plaintiff and lead counsel. On February 5, 2019, plaintiffs in the three derivative suits filed a consolidated amended complaint. Lead plaintiffs and counsel have been appointed. On February 22, 2019, Centene moved to stay the consolidated derivative action pending resolution of the Sanchez matter. That motion has not yet been decided.

Applica	nt Company Na	me: Centene Corporation	1	NAIC No FEIN: _	None 42-1406317	
	Uniform Certificate of Authority Application (UCAA) BIOGRAPHICAL AFFIDAVIT					
may be	To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.					
Eull nar	no addrese and	talankona number of the n	(Print or Ty	•	s biographical statement is being	
		roup Names).	resent or propos	ed entity under which this	s biographical statement is being	
	Cen	tene Corporation; 7700 Fo	rsyth Blvd., St. 1	Louis, MO 63105; 314-72	5-4477	
	_ 25457 10					
		100				
hereinat ANSWI	ficr set forth (/ FR IS "NO" O	Attach addendum or separa	te sheet if space	e hereon is insufficient to MUST HAVE A RESPO	by information about myself as answer any question fully.) IF DNSE, INCOMPLETE FORMS PPLICATION.	
1,	Affiant's Full	Name (Initials Not Accepta	ble): First: <i>David</i>	<u>d</u> Middle: <u>Lloyd</u> Last; <u>Ste</u> r	ward	
2.	a. Are y	ou a citizen of the United S	tates?			
	Yes X No					
	b. Are you a citizen of any other country?					
	Yes No X					
	If ves	, what country? <i>None</i>				
3.	-	pation or profession: <i>Found</i>	der and Chairm	an – World Wide Technol	logv	
4.		ness address: 60 Weldon Pa				
••		hone: 314-569-7700		iness Email dave.steward	Communications	
5.	Education and		Dus	mess Eman, uave.siewuru	(a'wwi,com	
		0,4		Dates Attended (MN	VYY) Degree Obtained	
	Missouri State			08/69 10/73	BS Business	
	te Studies	College/University	City/State	Dates Attended (MM	VYY) Degree Obtained	
<u>None</u>						
Other T	raining: Name	City/State	Dates Attend	ed (MM/YY)	Degree/Certification Obtained	
None						

Λppli	cant Company Name: Cente	ene Corporation	NAIC No	None None
			FEIN: _	42-1406317
6.	List of memberships in pro	fessional societies and as	sociations:	
	Name of		Address of	Telephone Number
	Society/Association	Contact Name	Society/Association	of Society/Association
	National Minority		1359 Broadway, 10th Fl	
	Supplier Dev. Co.	Louis Green	New York, NY 10018	212-944-2430
	St. Louis Minority		211 N. Broadway, Ste 1300	
	Business Council	Valerie Patton	St. Louis, MO 63102	314-444-1170
	Horatio Alger		99 Canal Center Plaza	
	Association	Terry Giroux	Alexandria, VA 22314	703-684-9444
7.	Present or proposed position	on with the Applicant Con	anany: Nirector	
	resent or proposed positive	in with the Applicant Con	injurity.	
8.				ensated or otherwise (up to and
				nanager, operator, directorates or
				provided is insufficient. It is only
				past ten (10) years. Additional
	information may be require	ed during the third-party v	erification process for internation	onal employers.
	ning/Ending			
Dates	(MM/YY): <u>05/03</u> - <u>Pre</u> .	sent Employer's Name	: Centene Corporation (Affia	nt is not an employee)
Addro	ess:7700 Forsyth Boulevard	City: St. Louis	State/Provi	nce:_ <i>Missouri</i>
			2	Satura
Count	ry:_ <i>USA</i> Postal C	ode: <u>63105</u> Phone:	314-725-4477 Offices/Position	ns Held _ <i>Director</i>
Type	of Business: Health Insuran	ce Supe	rvisor/Contact: Michael Neido	orff/314-725-4477
- 71				
Begin	ning/I nding			
Dates	(MM/YY): 01/84-Present Er	nployer's Name: World V	Vide Technology, Inc.	
	10.	A4		· ·
Addre	ess. 60 Weldon Parkway City:	St. Louis State/Province	Missouri	
C	886 4 D - w-1 C - 1-1 (220 42 1	N # 214 540 5500 CM		
Couni	ry: USA Postal Code: 63043 I	'none: 314-369-7/00 OII	ices/Positions Held Founder &	<u>Chairman</u>
Type	of Business: Technology	Superv	isor/Contact: Human Resource	e 211_560_7700
· yive	Transitions Technology	Superv	ISON CORRECT INWING RESOUTE	3, 314-305-7700
Begin	ning/Ending			
Dates	(MM/YY): -	Employer's Name	V.	
		, , , , , , , , , , , , , , , , , , ,		
Addro	ess:	City:	State/Provi	nce:
Count	rv Postal Č	ode Phone	Offices/Position	ns Held:
Type	of Business:	Supe	rvisor/Contact:	
	n+ n+ ++			
Begin	ning/Ending	E 1 NAI		
Dates	(MIM/ 1 1):	Employer's Name		
Addro	ess:	City:	State/Provi	nce:
Count	ry:Postal C	oae:Phone	:Offices/Position	ns Held:
Туре	of Business:	Supe	rvisor/Contact:	

Applica	int Comp	pany Name: Centene Corporation		NAIC No. FEIN:	None 42-1406317
9.	8.	Have you ever been in a position wh	nich required a fidelity b	ond?	•
		Yes No X			
		If any claims were made on the bone	d, give details: <i>None</i>		
	b.	Have you ever been denied an ind revoked?	ividual or position sch	edule fidelity	bond, or had a bond canceled or
		Yes No X			
		If yes, give details: None			
10.	or gove in the p the lice number are rea represe pages i	by professional, occupational and vocatermmental licensing agency or regulatory past. For any non-insurance regulatory ensing authority or regulatory body has it is your Social Security Number (SSI isonably identifiable as your SSN, the ented by your SSN. (For example, "Sif the space provided is insufficient.	ory authority or licensing issuer, identify and proving jurisdiction over the street of the street o	g authority the vide the name ne license (s) is or any sequen ortion of the p	at you presently hold or have held, address and telephone number of saued. If your professional license are of more than five numbers that refessional license number that is (last 6 digits)). Attach additional
0. 3) <u>I</u> II n	suer of License:	A 11		
		State/Province:			
		License #:			
		MM/YY):Reason			
		Regulatory Phone Number (if known)			
		suer of License:			
		State/Province:			
		License #:	500		
		MM/YY):Reason			
		Regulatory Phone Number (if known)			
11.	In resp	onding to the following, if the record ord was sealed or expunged, an affian	has been sealed or expu	nged, and the	affiant has personally verified tha
	a.	Been refused an occupational, profe any public administrative, or govern	essional, or vocational l	icense or pern	
		Yes No X			
	b.	Had any occupational, professional any judicial, administrative, regulate			hold or have held, been subject to

iin Coi	mpany Name: Centene Corporation	NAIC No FEIN: _	None 42-1406317
	Yes No X		
c,	Been placed on probation or had a fine levied against license or permit in any judicial, administrative, regul		
	Yes No X		
d.	Been charged with, or indicted for, any criminal offen	se(s) other than civil	traffic offenses?
	Yes No X		
e ‡	Pled guilty, or nolo contendere, or been convicted offenses?	of any criminal o	ffense(s) other than civil traffic
	Yes No X		
$\mathbf{f}_{\mathbf{x}_{i}}$	Had adjudication of guilt withheld, had a sentence im suspended, or been pardoned, fined, or placed on p traffic offenses?	posed or suspended, robation, for any cri	had pronouncement of a sentence minal offense(s) other than civil
	Yes No X		
g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or per administrative, regulatory, or disciplinary action, from violating any federal, state law regulating the business of insurance, securities or banking, or from carrying out a practices in the course of the business of insurance, securities or banking?		ate law or law of another country	
	Yes No X		
	Been, within the last ten (10) years, a party to any civ financial dispute?	action involving	dishonesty, breach of trust, or a
	Yes X No		
1	Had a finding made by the Comptroller of any state or provisions of small loan laws, banking or trust company any rule or regulation lawfully made by the Comptroller o	laws, or credit union	n laws, or that you have violated
	Yes No X		
j.	Had a lien or forcelosure action filed against you or any er	ntity while you were	associated with that entity?
	Yes No X		
	If the response to any question above is yes, please prov Attach a copy of the complaint and filed adjudication or so		
	11(h): See Attachment A		

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls,

olicant Co	mpany Name: Centene Corporation	NAIC No FLIN:	None 42-1406317
	s with the power to vote, or holds proxies representing, ter r person. <i>None</i>		ore of the voting securities of any
If an	y of the stock is pledged or hypothecated in any way, give	e details. <i>None</i>	
or of regu direc	Will] you or members of your immediate family individually frecord, 10% or more of the outstanding shares of stocal latory authority, or its affiliates? An "affiliate" of, or persetly, or indirectly through one or more intermediaries, con, the person specified.	k of any entity subjection "affiliated" with,	ect to regulation by an insurance a specific person, is a person that
Yes			
the c	es, please identify the company or companies in which the outstanding voting securities.		
	y of the shares of stock are pledged or hypothecated in an		
<u>Non</u>	e		
Hav	e you ever been adjudged a bankrupt?		
Yes	No X		
If ye	s, provide details: <i>None</i>		
werd stock	rour knowledge has any company or entity (including entice an officer or director, trustee, investment committee kholder, had any of the following events occur while you pany level provide the group code	member, key mana u served in such capa	gement employee or controlling
a.	Been refused a permit, license, or certificate of authorising agency?	thority by any regula	atory authority, or governmental-
	Yes No X		
b.	Had its permit, license, or certificate of authority sus to any judicial, administrative, regulatory, or disc receivership, conservatorship, federal bankruptcy p similar proceeding)?	ciplinary action (incl	luding rehabilitation, liquidation,
	Yes No X		
c.	Been placed on probation or had a fine levied aga authority in any civil, criminal, administrative, regula		
	Yes X No		

Applicant Comp	pany Name:_	Centene Corporation	NAIC No FEIN: _	None 42-1406317		
		of the above is yes, please indicate nelude any events within twelve (12				
	15(c): From time to time, Centene Corporation and its subsidiaries have had fines levied against them as a result					
<u>jurisdi</u>	of state, federal and/or government contract performance measures, reviews or examinations in various jurisdictions in which these entities do business. None of these entities has been placed on probation nor had its					
	license suspended or revoked. Fines levied against these entities occurred during the normal course of business, and I was not personally held responsible or culpable in any of these actions.					
Note:	If an affian	t has any doubt about the accuracy of lanation provided.		hould be answered in the positive		
Dated and signe under penalty o of my knowledg	f perjury that	_ day of <u>April</u> , 20 I am acting on my own behalf and	19 at St. Louis, Missouri that the foregoing statemen	I hereby certify are true and correct to the best		
X I hereby ac	eknowledge the second s	nat I may be contacted to provide ad Affiant)	ditional information regardi	ng international searches.		
State of:	Missouri	County of: St. Louis				
The foregoing i and:	nstrument wa	s acknowledged before me this <u>16</u>	th day of April	, 20 <u>19</u> by <u>David L. Steward</u> ,		
X who is pers	sonally know	to me, or				
who produ	ced the follow	ving identification:	•			
[SEAL		MARY MARTHA FRANZEN Notary Public, Notary Seal State of Missouri St. Louis County Commission # 1.7122441 y Commission Expires 10-24-2021	The state of the s	Notary Public Mary Martha Franzen Printed Notary Name October 24, 2021 My Commission Expires		

Attachment A

Biographical Affidavit Response to Question 11(h)

As a director of Centene Corporation ("Centene"), I have been a named party to the following lawsuits:

- On June 11, 2012, Centene reduced its annual earnings guidance primarily as a result of higher than
 anticipated medical costs in certain of its markets. A lawsuit alleging violations of securities laws
 in connection with the earnings guidance was filed in Missouri State court on August 6, 2012 and
 was dismissed on October 22, 2012.
- On January 24, 2018, a derivative action was filed by plaintiff Harkesh Parekh against Centene and certain of its officers and directors in the United States District Court for the Eastern District of Missouri. Plaintiff purports to bring suit derivatively on behalf of Centene against certain officers and directors for violation of securities laws, breach of fiduciary duty, waste of corporate assets and unjust enrichment. This derivative lawsuit is related to the November 14, 2016 putative federal securities class action, Israel Sanchez v. Centene Corp., et al., to which I was not a named party.

A second shareholder derivative action was filed on March 9, 2018, by plaintiffs Laura Wood and Peoria Police Pension Fund. A third shareholder derivative action was filed on December 14, 2018, by plaintiffs Carpenter Pension Fund of Illinois and Iron Workers Local 11 Pension Fund. The second and third derivative suits largely repeat the allegations in the securities class action and the first derivative suit. On January 9, 2019, the Court consolidated the three derivative suits and established a schedule for determining lead plaintiff and lead counsel. On February 5, 2019, plaintiffs in the three derivative suits filed a consolidated amended complaint. Lead plaintiffs and counsel have been appointed. On February 22, 2019, Centene moved to stay the consolidated derivative action pending resolution of the Sanchez matter. That motion has not yet been decided.

Applicant Company Name:_	Centene Corporation	NAIC No	None	
	•	FEIN:	42-1406317	
	Uniform Cortificate of Authorit	v Application (HCAA)		

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)			
Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names)			
Centene Corporation; 7700 Forsyth Blvd., St. Louis, MO 63105; 314-725-4477			
In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE, ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or REUSLT IN REJECTION OF THE APPLICATION.			
1. Affiant's Full Name (Initials Not Acceptable): First: <u>Tommy</u> Middle: <u>George</u> Last: <u>Thompson</u>			
2. Are you a citizen of the United States?			
Yes X No			
b. Are you a citizen of any other country?			
Yes No X			
If yes, what country? None			
3. Affiant's occupation or profession: Attorney			
4. Affiant's business address: PO Box 18657, Washington, DC 20036			
Business telephone: 202-213-3793 Business Email: tthompson@thompson-holdings.com			
5. Education and training:			
College/University City/State Dates Attended (MM/YY) Degree Obtained			
University of Wisconsin Madison, WI 08/60 - 05/63 BS			
Graduate Studies College/University City/State Dates Attended (MM/YY) Degree Obtained			
Law School University of Wisconsin Madison, WI 08/63-05/66 JD			
Other Training: Name City/State Dates Attended (MM/YY) Degree/Certification Obtained None			
Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If			

the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applies	ant Company Name: Cente	ne Corporation	NAIC No	
			FEIN: _	42-1406317
6.	List of memberships in prof	essional societies and as	sociations	
	Name of		Address of	Telephone Number
	Society/Association	Contact Name	Society/Association	of Society/Association
	<u>Divergir (Babellation</u>	Contact Ivanic	Society/24ssociation	Of Bociety/Association
	State of Wisconsin		5302 East Park Blvd.	
	Bar Association	None	Madison, WI 53718	608-257-3838
			1016 16th Street NW	000 807 0000
	DC Bar Association	None	Washington, DC 20036	202-223-6600
7.	Present or proposed position	n with the Applicant Con	npany: Director	
8.	List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.			
	ing/Ending (MM/YY): <u>02/12</u> - <u>Prese</u>	nt Employer's Name	: Self-employed – Attorney	
Addres	s: <i>PO Box 18657</i>	City:Washing	state/Proving	nce: DC
Country	y: <u>USA</u> Postal Co	ode: <u>20036</u> Phone:	202-213-3793 Offices/Position	s Held- <u>Attorney</u>
Туре о	f Business	Super	rvisor/Contact: <u>Self-employed</u>	
	ing/Ending (MM/YY): <u>04/05 - Pres</u>	ent Employer's Name	: Centene Corporation (Affian	nt is not an employee)
Addres	s: 7700 Forsyth Boulevard	City: St. Louis	State/Provi	nce:_Missouri
Country	y: <u>USA</u> Postal Co	ode: 63105 Phone:	314-725-4477 Offices/Position	s Held: <i>Director</i>
Туре о	f Business Health Insurance	Super	rvisor/Contact <u>Michael Neido</u>	rff/314-725-4477
	ing/Ending (MM/YY): <i>03/05-01/12</i> Emple	oyer's Name: Atkin Gum	p Strauss Hauer & Feld	
Addres	s: <u>1333 New Hampshire Ave</u>	nue, NW City: Washins	State/Provi	nce: DC
Countr	y: <u>USA</u> Postal Code: <u>20201</u> P	hone: <u>202-887-4080</u> Offi	ces/Positions Held Partner	
Турс о	f Business: <i>Law Firm</i>	Supe	rvisor/Contact: <i>Tony Pierce, Pa</i>	rtner-In-Charge 202-887-4000
	ing/Ending (MM/YY): <u>01/01-01/05</u> Empl	oyer's Name: <i>United Sta</i>	ites Government	
Addres	s: 200 Independence Avenue	City: Washington State		Department of
Countr	y: <u>USA</u> Postal Code: <u>20201</u> P	hone: <u>877-696-6775</u> Offi	ices/Positions Held: <u>Health and</u>	
Type o	f Business: US Government	Supe	rvisor/Contact President of the	United States of America

11. In responding to the following, if the record has been scaled or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

Applicant Co	ompany Name Centene Corporation	NAIC No FEIN: _	None 42-1406317
a.	Been refused an occupational, professional, or vocation any public administrative, or governmental licensing ag-		it by any regulatory authority, or
	Yes No X		
b .	Had any occupational, professional, or vocational licen any judicial, administrative, regulatory, or disciplinary a		old or have held, been subject to
	Yes No X		
c.		placed on probation or had a fine levied against you or your occupational, professional, or vocational e or permit in any judicial, administrative, regulatory, or disciplinary action?	
	Yes No X		
d.	Been charged with, or indicted for, any criminal offense	e(s) other than civil	traffic offenses?
	Yes No X		
c.	Pled guilty, or nolo contendere, or been convicted of offenses?	of, any criminal o	fiense(s) other than civil traffic
	Yes No X		
Ċ	Had adjudication of guilt withheld, had a sentence imposuspended, or been pardoned, fined, or placed on protraffic offenses?		
	Yes No X		
g.	Been subject to a cease and desist letter or order, or enjoined administrative, regulatory, or disciplinary action, from viola regulating the business of insurance, securities or banking practices in the course of the business of insurance, securities	ting any federal, st g, or from carryin	ate law or law of another country
	Yes No X		
h.	Been, within the last ten (10) years, a party to any civil financial dispute?	action involving	dishonesty, breach of trust, or a
	Yes X No		
Ĭ.	Had a finding made by the Comptroller of any state or the provisions of small loan laws, banking or trust company latency rule or regulation lawfully made by the Comptroller of a	iws, or credit union	n laws, or that you have violated
	Yes No X		
j.	Had a lien or foreclosure action filed against you or any enti	ty while you were	associated with that entity?
	Yes No X		
	If the response to any question above is yes, please provide Attach a copy of the complaint and filed adjudication or sett		
	11(h): See Attachment A		

olicant Comp	pany Name: Centene Corporation	NAIC No FEIN: _	None 42-1406317
term " posses: person or non office holds v	ny entity subject to regulation by an insurance recontrol" (including the terms "controlling," "consion, direct or indirect, of the power to direct, whether through the ownership of voting secuntary and the power to control shall be presumed with the power to vote, or holds proxies representations. None	ontrolled by" and "under co or cause the direction of the rities, by contract other than power is the result of an o to exist if any person, direct	mmon control with") means the e management and policies of a a commercial contract for goods fficial position with or corporate tally or indirectly, owns, controls,
If any	of the stock is pledged or hypothecated in any wa	ay, give details. <i>None</i>	
or of regulated in the contract of the contrac	/ill] you or members of your immediate family in record, 10% or more of the outstanding shares tory authority, or its affiliates? An "affiliate" of, y, or indirectly through one or more intermediate the person specified.	of stock of any entity subject or person "affiliated" with,	ect to regulation by an insurance a specific person, is a person that
	No X please identify the company or companies in wastanding voting securities.	hich the cumulative stock ho	oldings represent 10% or more of
If any <i>None</i>	of the shares of stock are pledged or hypothecate	ed in any way, give details.	
Have y	you ever been adjudged a bankrupt?		
Yes [No X		
If yes,	provide details: <i>None</i>		
were stockh	ur knowledge has any company or entity (include an officer or director, trustee, investment controller, had any of the following events occur wany level provide the group code	nmittee member, key mana	gement employee or controlling
a.	Been refused a permit, license, or certificate licensing agency?	e of authority by any regula	ntory authority, or governmental-
	Yes No X		
b.	Had its permit, license, or certificate of author to any judicial, administrative, regulatory, receivership, conservatorship, federal bankru similar proceeding)?	or disciplinary action (incl	uding rehabilitation, liquidation,

Applicant Company Name: Centene Corporation	NAIC No. <u>None</u> FEIN: <u>42-1406317</u>
Yes No X c. Been placed on probation or had a fine levied again authority in any civil, criminal, administrative, regulatives X No N	inst it or against its permit, license, or certificate of tory, or disciplinary action?
If the answer to any of the above is yes, please indicate and gi affiant should also include any events within twelve (12) month	
15(c): From time to time, Centene Corporation and its subsite of state, federal and/or government contract performance jurisdictions in which these entities do business. None of the license suspended or revoked. Fines levied against these entities and I was not personally held responsible or culpable in any contract.	ce measures, reviews or examinations in various ese entities has been placed on probation nor had its lities occurred during the normal course of business, of these actions.
Note: If an affiant has any doubt about the accuracy of an are and an explanation provided.	nswer, the question should be answered in the positive
Dated and signed this 16th day of April , 2019 at under penalty of perjury that I am acting on my own behalf and that the of my knowledge and belief. X I hereby acknowledge that I may be contacted to provide additional (Signature of Affiant)	e foregoing statements are true and correct to the best
State of: Missouri County of: St. Louis	-
The foregoing instrument was acknowledged before me this <u>16th</u> day and:	of April , 20 <u>19</u> by <u>Tommy G. Thompson</u> ,
X who is personally known to me, or	
who produced the following identification:	·
[SEAL] MARY MARTHA FRANZEN Notary Public, Notary Seal State of Missouri St. Louis County Commission # 17122441 My Commission Expires 10-24-2021	Notary Public Notary Martha Franzen Printed Notary Name October 24, 2021 My Commission Expires

Biographical Affidavit Response to Question 11(h)

As a director of Centene Corporation ("Centene"), I have been a named party to the following lawsuits:

- On June 11, 2012, Centene reduced its annual earnings guidance primarily as a result of higher than
 anticipated medical costs in certain of its markets. A lawsuit alleging violations of securities laws
 in connection with the earnings guidance was filed in Missouri State court on August 6, 2012 and
 was dismissed on October 22, 2012.
- On January 24, 2018, a derivative action was filed by plaintiff Harkesh Parekh against Centene and certain of its officers and directors in the United States District Court for the Eastern District of Missouri. Plaintiff purports to bring suit derivatively on behalf of Centene against certain officers and directors for violation of securities laws, breach of fiduciary duty, waste of corporate assets and unjust enrichment. This derivative lawsuit is related to the November 14, 2016 putative federal securities class action, Israel Sanchez v. Centene Corp., et al., to which I was not a named party.

A second shareholder derivative action was filed on March 9, 2018, by plaintiffs Laura Wood and Peoria Police Pension Fund. A third shareholder derivative action was filed on December 14, 2018, by plaintiffs Carpenter Pension Fund of Illinois and Iron Workers Local 11 Pension Fund. The second and third derivative suits largely repeat the allegations in the securities class action and the first derivative suit. On January 9, 2019, the Court consolidated the three derivative suits and established a schedule for determining lead plaintiff and lead counsel. On February 5, 2019, plaintiffs in the three derivative suits filed a consolidated amended complaint. Lead plaintiffs and counsel have been appointed. On February 22, 2019, Centene moved to stay the consolidated derivative action pending resolution of the Sanchez matter. That motion has not yet been decided.

Applicant Company N	lame: Centene Corporation	<u>n</u>	NAIC No FEIN: _	None 42-1406317
		icate of Authority GRAPHICAL AF	Application (UCAA) FIDAVIT	
To the extent permitte may be required to pr school or lived and we	ovide additional information	be kept confidentian during the third-p	arty verification process	regulatory authority. The affiants if they have attended a foreign
	d telephone number of the p		entity under which this	biographical statement is being
Ce	ntene Corporation; 7700 Fo	rsyth Blyd., St. Lou	s, MO 63105; 314-725-	4477
hereinafter set forth. ANSWER IS "NO"	(Attach addendum or separ	ate sheet if space I ALL FIELDS M	iereon is insufficient to UST HAVE A RESPO	y information about myself as answer any question fully.) IF DNSE. INCOMPLETE FORMS PPLICATION.
1. Affiant's Ful	l Name (Initials Not Accepta	able): First: <u>K</u>	eith Middle: F	Harvey Last Williamson
2. a Are	you a citizen of the United !	States?		
Yes	X No			
b. Are	you a citizen of any other co	ountry?		
Yes	No X			
If ve	es, what country?			
80	upation or profession: Law			
			NO 63105	
	iness address: 7700 Forsyt			
Business tele	phone: 314-725-4477	Busine	ss Email <u>kwilliamson</u>	@centene.com
5. Education an	d training:			
College/University	City/State		Dates Attended (MM	(YY) <u>Degree Obtained</u>
Brown University	Providence,	RI	09/70 - 06/74	B.A. Economics
Graduate Studies	College/University	City/State	Dates Attended (MM	/YY) Degree Obtained
	Harvard University	Cambridge, MA	09/74 - 06/78	J.D./M.B.A.
-	New York University	New York, NY	09/82 - 06/86	LL,M,
Other Training, Name	City/State	Dates Attended	(MM/YY)	Degree Certification Obtained

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

None

Applic	eant Company Name:Cent	ene Corporation _	NAIC No. FEIN:	None 42-1406317
			112111	42-1400,5[7
6.	List of memberships in pro	ofessional societies and ass	sociations:	
	Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
	American Bar		321 N. Clark St.	
	Association	None	Chicago, IL 60610	800-285-2221
	Mound City Bar	ts : 11 G	P.O. Box 1543	314-612-1478,
	Association Executive Leadership	Danielle Car	St. Louis, MO 63188 1001 N. Fairfax Street	president@moundcitybar.com
	Council	Otha T. Spriggs	Alexandria, VA 22314	703-706-5200
7.	Present or proposed position	on with the Applicant Con	npany: Executive Vice President	ent, General Counsel, and
	Secretary		<u> </u>	
8. Begini	including present jobs, po officerships). Please list the necessary to provide tele information may be require	sitions, partnerships, own ne most recent first. Attack ephone numbers and sup red during the third-party v	er of an entity, administrator, in additional pages if the space	* * ** ***
	(MM/YY): 11/06 - Pres	sent Employer's Name	: Centene Corporation	
Addre	ss: 7700 Forsyth Blvd.	City: St. Louis	State/Prov	ince: MO
	ry: USA Postal Cal Counsel (11/12-Present); S			ns Held: <u>EVP, Secretary and</u>
Туре с	of Business: Health care	Supe	rvisor/Contact: Michael F. Ne	eidorff
	ning/Ending (MM/YY): 09/05 - Pres	sent Employer's Name	PPL Corporation	
Addre	ss: Two North Ninth St.	City: Allentow	nState/Prov	ince: PA
Count	ry: <u>USA</u> Postal C	Code: _18101 Phone:	610-774-3683 Offices/Positio	ns Held Board of Directors
Туре с	of Business: Electric Utility	Supe	rvisor/Contact: William Spen	ce
	ning/Ending (MM/YY): 02/99 - 12/	06 Employer's Name	: Pitney Bowes Inc.	
Addre	ss: One Elmcroft Road	City: Stamford	State/Prov	ince: CT
Count	ry: USA Postal C	Code: <u>06926</u> Phone:	203-356-5000 Offices/Positio	ns Held: <u>Division President</u>
Туре с	of Business: <u>Mail/Equipmen</u>	nt Finance Supe	rvisor/Contact: Michael Crite	111
	ning/Ending (MM/YY): <u>05/88</u> - <u>02/</u>	99 Employer's Name	: Pitney Bowes Credit Corpor	ration
Addre:	ss: One Elmcroft Road	City: Stamford	L State/Prov	ince: CT
		•		ns Held: General Counsel
Туре с	of Business: Mail/Equipmen	nt Finance Supe	rvisor/Contact: Michael Crite	uit

Appli	cant Com	pany Name:	Centene Corporation	NAIC NO FEIN:	0. <u>None</u> 42-1406317
9.	a,	Have you ev	er been in a position which req	uired a fidelity bond?	
		Yes	No X		
		If any claims	were made on the bond, give	details:	
	b.	Have you ev	er been denied an individual	or position schedule fidelit	y bond, or had a bond canceled or
		Yes	No X		
		If yes, give d	etails:		
10.	or govern the lice number are reserved.	remmental licen past. For any no ensing authority er is your Social asonably identif ented by your S	sing agency or regulatory author-insurance regulatory issuer, or regulatory body having jur Security Number (SSN) or entiable as your SSN, then write	nority or licensing authority to identify and provide the name isdiction over the license (s) abeds your SSN or any sequences. SSN for that portion of the	sell securities) issued by any public hat you presently hold or have held he, address and telephone number of issued. If your professional license ence of more than five numbers that professional license number that is " (last 6 digits)). Attach additional
Organ	ization/Is	ssuer of License	Court of Appeals, District of	Columbia Address: 1250 H	Street NW
City:_	Washing	ton Sta	te/Province: DC	Country: USA	Postal Code: 20005
Licen	se Type:_	_Law_	License #: 257691	Date Issued (MM	/YY): <u>12/78</u>
Date l	Expired (!	MM/YY): <u>N/A</u>	Reason for Term	nination: N/A	
Non-I	nsurance	Regulatory Pho	ne Number (if known): 202-6	26-3475	
Organ	ization/Is	suer of License	Supreme Court, State of New	York Address: 25 Beaver S	St.
City:_	New Yo	rk Sta	te/Province: NY	_ Country: USA	Postal Code: 10004
Licen	se Type:_	Law	License #: 1871177	Date Issued (MM	/YY):06/83
Date l	Expired (l	MM/YY): <u>N/A</u>	Reason for Term	nination: N/A	
Organ	ization/Is	ssuer of License	Supreme Court of Missouri	_ Address: 207 West High	St.
City:_	_Jeffersor	n City Sta	te/Province:MO	_ Country: USA	Postal Code: 65101
Licen	se Type:_	Law	License #: 59468	Date Issued (MM	/YY):_04/07
Date l	Expired (I	MM/YY): <u>N/A</u>	Reason for Terr	nination: N/A	
Non-I	nsurance	Regulatory Pho	ne Number (if known): 573-6	35-4128	

Applicant Comp	any Name: Centene Corporation		None 42-1406317
Organization/Iss	uer of License: Michigan Dept of Insurance and Financial Serv	ices Address:	_530 W. Allegan Street
City: Lansing	State/Province: MI Country: USA		Postal Code: 48933
License Type: Pr	roperty & Casualty Non-Resident Producer License #:766211 [Date Issued (M	IM/YY): 03/97
Date Expired (M	M/YY); N/A Reason for Termination: N/A		
Non-Insurance R	degulatory Phone Number (if known): <u>Unknown</u>		<u> </u>
Organization/Iss	uer of License: Connecticut Insurance Department * Address:	153 Market S	it
City: Hartford	State/Province: <u>CT</u> Country: <u>USA</u>		Postal Code: 06103
License Type: <u>Pr</u>	roperty & Casualty Resident Agent License #:1004387 Date Iss	sued (MM/YY):11/96
Date Expired (M	M/YY): 01/00 Reason for Termination: Did No	t Renew	
Non-Insurance R	Regulatory Phone Number (if known): Unknown		
LICENSED IN C	PROPERTY & CASUALTY NON-RESIDENT AGENT LICENSE T. AS A RESULT OF A PROMOTION, I NO LONGER NEED ELICENSE I OBTAINED IN MICHIGAN REMAINS IN EFFECT.	IN 41 STATE DED THE LICI	S DURING THE PERIOD I WAS ENSES AND THEY WERE NOT
	onding to the following, if the record has been sealed or expungerd was sealed or expunged, an affiant may respond "no" to the		
a.	Been refused an occupational, professional, or vocational lice any public administrative, or governmental licensing agency?		t by any regulatory authority, or
	Yes No X		
ba	Had any occupational, professional, or vocational license or any judicial, administrative, regulatory, or disciplinary action		ld or have held, been subject to
	Yes X No		
c.	Been placed on probation or had a fine levied against you or y license or permit in any judicial, administrative, regulatory, or	our occupation disciplinary	nal, professional, or vocational action?
	Yes No X		
d.	Been charged with, or indicted for, any criminal offense(s) otl	her than civil t	raffic offenses?
	Yes No X		
e.	Pled guilty, or nolo contendere, or been convicted of, any offenses?	y criminal of	fense(s) other than civil traffic
	Yes No X		
f _e	Had adjudication of guilt withheld, had a sentence imposed or suspended, or been pardoned, fined, or placed on probation traffic offenses?	suspended, h , for any crin	ad pronouncement of a sentence ninal offense(s) other than civil
	Yes No X		

g.	-	NAIC No	
g.		FEIN:	42-1406317
	Been subject to a cease and desist letter or order, or enjoi administrative, regulatory, or disciplinary action, from vi- regulating the business of insurance, securities or band practices in the course of the business of insurance, secur-	olating any federal, sta king, or from carryin	ate law or law of another country
	Yes No X		
h.	Been, within the last ten (10) years, a party to any ci financial dispute?	vil action involving o	dishonesty, breach of trust, or a
	Yes X No		
i.	Had a finding made by the Comptroller of any state of provisions of small loan laws, banking or trust company any rule or regulation lawfully made by the Comptroller	y laws, or credit unior	laws, or that you have violated
	Yes No X		
j.	Had a lien or foreclosure action filed against you or any e	entity while you were a	issociated with that entity?
	Yes No X		
	If the response to any question above is yes, please prov Attach a copy of the complaint and filed adjudication or s		
	11(b) and 11(h): See Attachment B for details.		
	st any entity subject to regulation by an insurance regulator m "control" (including the terms "controlling," "controlled	ed by and under co	mmon control with") means the
ter po pe or ofl ho	ssession, direct or indirect, of the power to direct or cau rson, whether through the ownership of voting securities, he non-management services, or otherwise, unless the power fice held by the person. Control shall be presumed to exist lds with the power to vote, or holds proxies representing, tener person. None	by contract other than r is the result of an of st if any person, direc	a commercial contract for goods ficial position with or corporate tly or indirectly, owns, controls,
ter po pe or ofl ho	rson, whether through the ownership of voting securities, be non-management services, or otherwise, unless the power fice held by the person. Control shall be presumed to exist lds with the power to vote, or holds proxies representing, to	by contract other than r is the result of an of st if any person, direc	a commercial contract for goods ficial position with or corporate tly or indirectly, owns, controls,
ter po pe or off ho otl	rson, whether through the ownership of voting securities, be non-management services, or otherwise, unless the power fice held by the person. Control shall be presumed to exist lds with the power to vote, or holds proxies representing, to	by contract other than r is the result of an old stiff any person, direct on percent (10%) or more	a commercial contract for goods ficial position with or corporate tly or indirectly, owns, controls, ore of the voting securities of any
ter po pe or off ho otl If a	rson, whether through the ownership of voting securities, be non-management services, or otherwise, unless the power fice held by the person. Control shall be presumed to exist lds with the power to vote, or holds proxies representing, tener person. None	by contract other than r is the result of an of st if any person, direct en percent (10%) or mo e details ually or cumulatively ck of any entity subje son "affiliated" with, a	a commercial contract for goods dicial position with or corporate tly or indirectly, owns, controls, one of the voting securities of any subscribe to or own, beneficially of to regulation by an insurance a specific person, is a person that
ter po pe or off ho otl If i	rson, whether through the ownership of voting securities, be non-management services, or otherwise, unless the power fice held by the person. Control shall be presumed to exist lds with the power to vote, or holds proxies representing, tener person. None None [Will] you or members of your immediate family individe of record, 10% or more of the outstanding shares of stock gulatory authority, or its affiliates? An "affiliate" of, or persectly, or indirectly through one or more intermediaries, co	by contract other than r is the result of an of st if any person, direct en percent (10%) or mo e details ually or cumulatively ck of any entity subje son "affiliated" with, a	a commercial contract for goods dicial position with or corporate tly or indirectly, owns, controls, one of the voting securities of any subscribe to or own, beneficially of to regulation by an insurance a specific person, is a person that

Appli	cant Con	npany Name: Centene Corporation	NAIC No.	
	If any	of the shares of stock are pledged or hypothecated in	FEIN: _	42-1406317
		of the shares of stock are pleaged of hypothecated in	any way, give details.	
14.	Have	you ever been adjudged a bankrupt?		
	Yes	No X		
	If yes	, provide details:		
15.	were stockl	our knowledge has any company or entity (including entity an officer or director, trustee, investment committee holder, had any of the following events occur while your level provide the group code1295	e member, key manag	gement employee or controlling
	a.	Been refused a permit, license, or certificate of a licensing agency?	authority by any regula	tory authority, or governmental-
		Yes X No		
	b.	Had its permit, license, or certificate of authority s to any judicial, administrative, regulatory, or di receivership, conservatorship, federal bankruptcy similar proceeding)?	sciplinary action (incl	uding rehabilitation, liquidation,
		Yes X No		
	c.	Been placed on probation or had a fine levied a authority in any civil, criminal, administrative, regu		
		Yes X No .		
		answer to any of the above is yes, please indicate and t should also include any events within twelve (12) mo		
	subsice subject and of 15(c):	and 15(b): Among the Centene Corporation subsic diaries in various states holding pharmacy licenses. I et to inspection and related administrative, regulatory of ther states was administratively denied an out-of-state From time to time, Centene Corporation and its subs	n the ordinary course or or disciplinary actions, pharmacy license due to idiaries have had fines	of business, such pharmacies are A pharmacy licensed in Virginia inspection-related issues. levied against them as a result of
	state, which	federal and/or government contract performance meas a these entities do business. None of these entities has	ures, reviews or examination been placed on probat	nations in various jurisdictions in ion nor had its license suspended
	or rev	voked. Fines levied against these entities occurred nally held responsible or culpable in any of these action	during the normal cou	
	Note:			hould be answered in the positive

Applicant Company Name: Centene Corporation	NAIC No. None FEIN: 42-1406317
Dated and signed this 16th day of April, 2019 at under penalty of perjury that I am acting on my own behalf and that the formy knowledge and belief.	St. Louis, Missouri . I hereby certify pregoing statements are true and correct to the best
X I hereby acknowledge that I may be contacted to provide additional in Contacted to p	formation regarding international searches.
State of: Missouri County of: St. Louis	
The foregoing instrument was acknowledged before me this <u>16th</u> day of and:	April , 2019 by Keith H. Williamson,
X who is personally known to me, or	
who produced the following identification:	Rosemarie Bayes
ROSEMARIE BAYES Notary Public - Notary Seal STATE OF MISSOURI St. Louis County My Commission Expires: June 3, 2020 Commission # 12567879	Notary Public Rosemarie Bayes Printed Notary Name June 3, 2020 My Commission Expires

Httachment A

ate Last Flected Status

08-16-2018 Active

Entity Name	Title	Title Role	Role Start Date	Last Elected	Status
Absolute Total Care, Inc.	Secretary	Officer	03-13-2007	08-16-2018	Active
ACARIAHEALTH PHARMACY #11, INC	Director	Director	03-24-2016	03-15-2019	Active
ACARIAHEALTH PHARMACY #11, INC.	Secretary	Officer	03-24-2016	03-15-2019	Active
AcariaHealth Pharmacy #12, Inc.	Director	Director	03-24-2016	03-15-2019	Active
AcariaHealth Pharmacy #12, Inc.	Secretary	Officer	03-24-2016	03-15-2019	Active
AcariaHealth Pharmacy #13, Inc.	Director	Director	03-24-2016	03-15-2019	Active
AcariaHealth Pharmacy #13, Inc.	Secretary	Officer	03-24-2016	03-15-2019	Active
AcariaHealth Pharmacy #14, Inc.	Director	Director	03-24-2016	03-15-2019	Active
AcariaHealth Pharmacy #14, Inc	Secretary	Officer	03-24-2016	03-15-2019	Active
AcariaHealth Pharmacy, Inc.	Director	Director	03-24-2016	03-15-2019	Active
AcariaHealth Pharmacy, Inc.	Secretary	Officer	03-24-2016	03-15-2019	Active
AcariaHealth Solutions, Inc.	Director	Director	03-24-2016	03-15-2019	Active
AcariaHealth Solutions, Inc.	Secretary	Officer	03-24-2016	03-15-2019	Active
AcariaHealth, Inc.	Director	Director	03-24-2016	03-15-2019	Active
AcariaHealth, Inc.	Secretary	Officer	03-24-2016	03-15-2019	Active
Access Medical Acquisition, Inc.	Director	Director	06-15-2018	06-15-2018	Active
Access Medical Acquisition, Inc.	Secretary	Officer	05-23-2018	06-15-2018	Active
Access Medical Group of Florida City, Inc.	Director	Director	05-23-2018	05-23-2018	Active
Access Medical Group of Florida City, Inc.	Secretary	Officer	05-23-2018	06-15-2018	Active
Access Medical Group of Hialeah, Inc.	Director	Director	05-23-2018	05-23-2018	Active
Access Medical Group of Hialeah, Inc.	Secretary	Officer	05-23-2018	06-15-2018	Active
Access Medical Group of Miami, Inc.	Director	Director	05-23-2018	05-23-2018	Active
Access Medical Group of Miami, Inc.	Secretary	Officer	05-23-2018	06-15-2018	Active
Access Medical Group of North Miami Beach, Inc.	Director	Director	05-23-2018	05-23-2018	Active
Access Medical Group of North Miami Beach, Inc.	Secretary	Officer	05-23-2018	06-15-2018	Active
Access Medical Group of Opa-Locka, Inc.	Director	Director	05-23-2018	05-23-2018	Active
Access Medical Group of Opa-Locka, Inc.	Secretary	Officer	05-23-2018	06-15-2018	Active
Access Medical Group of Perrine, Inc.	Director	Director	05-23-2018	05-23-2018	Active
Access Medical Group of Perrine, Inc.	Secretary	Officer	05-23-2018	06-15-2018	Active
Access Medical Group of Tampa II, Inc.	Director	Director	05-23-2018	05-23-2018	Active
Access Medical Group of Tampa II, Inc.	Secretary	Officer	05-23-2018	06-15-2018	Active
Access Medical Group of Tampa III, Inc	Director	Director	05-23-2018	05-23-2018	Active
Access Medical Group of Tampa III, Inc.	Secretary	Officer	05-23-2018	06-15-2018	Active
Access Medical Group of Tampa, Inc.	Director	Director	05-23-2018	05-23-2018	Active
Access Medical Group of Tampa, Inc.	Secretary	Officer	05-23-2018	06-15-2018	Active
Access Medical Group of Westchester, Inc.	Director	Director	05-23-2018	05-23-2018	Active
Access Medical Group of Westchester, Inc.	Secretary	Officer	05-23-2018	06-15-2018	Active
Agate Resources, Inc	Director	Director	01-09-2015	03-13-2018	Active
Agate Resources, Inc.	Secretary	Officer	01-09-2015	03-13-2018	Active
AHA Administrative Services, LLC	Manager	Manager	04-02-2018	04-02-2018	Active
AHA Administrative Services, LLC	Secretary	Officer	••	04-02-2018	Active
Ambetter of Magnolia Inc.	Secretary	Officer	03-16-2015	02-15-2018	Active
Ambetter of North Carolina, Inc.	Secretary	Officer	04-16-2018	11-27-2018	Active
Ambetter of Peach State Inc.	Secretary	Officer	04-13-2015	12-04-2017	Active
Arkansas Health & Wellness Health Plan, Inc.	Director	Director	01-29-2016	03-21-2018	Active
Arkansas Health & Wellness Health Plan, Inc.	Secretary	Officer	01-29-2016	03-21-2018	Active
Arkansas Total Care Holding Company, LLC	Director	Director	09-11-2017	09-11-2017	Active
Arkansas Total Care, Inc.	Director	Director	09-11-2017	08-30-2018	Active
Arkansas Total Care, Inc.	Assistant Secretary	Officer		09-17-2018	Active
Bankers Reserve Life Insurance Company of Wisconsin	Director	Director	03-07-2007	07-25-2018	Active
Bankers Reserve Life Insurance Company of Wisconsin	Secretary	Officer	03-07-2007	03-27-2018	Active
Bankers Reserve Life Insurance Company of Wisconsin	Vice President	Officer	03-07-2007	03-27-2018	Active
Blue Sky Health Plan, Inc.	Director	Director	11-18-2010	05-31-2018	Active
Blue Sky Health Plan, Inc.	Secretary	Officer	11-18-2010	05-31-2018	Active

Dridgerous Haulth Calvillana of Adams of the					
Bridgeway Health Solutions of Arizona, Inc.	Secretary	Officer	01-02-2008	07-21-2016	Active
Bridgeway Health Solutions, LLC	Secretary	Officer	01-02-2008	07-21-2016	Active
Buckeye Community Health Plan, Inc.	Secretary	Officer	07-21-2010	04-25-2018	Active
Buckeye Health Plan Community Solutions, Inc.	Secretary	Officer	11-04-2015	11-04-2015	Active
Calibrate Acquisition Co.	Director	Director	02-20-2018	06-15-2018	Active
Calibrate Acquisition Co	Secretary	Officer	02-20-2018	06-15-2018	Active
California Health and Wellness Plan	Secretary	Officer	08-30-2012	07-09-2018	Active
Casenia Complete Health, Inc.	Secretary	Officer	08-29-2017	08-29-2017	Active
CASENET LLC	Manager	Manager	03-29-2018	03-29-2018	Active
CASENET, LLC	Secretary	Officer	10-01-2014	03-29-2018	Active
CBHSP Arizona, Inc.	Director	Director	03-07-2007	06-02-2017	Active
CBHSP Arizona, Inc	Secretary	Officer	01-02-2008	06-02-2017	Active
CCTX Holdings, LLC	Sole Manager	Manager	03-07-2007	09-03-2014	Active
CCTX Holdings, LLC	Secretary	Officer	03-07-2007	09-03-2014	Active
Celtic Group, Inc.	Secretary	Officer	07-15-2008	09-19-2018	Active
Celtic Insurance Company	Secretary	Officer	07-15-2008	03-28-2018	Active
Celticare Health Plan Holdings LLC	Manager	Manager	02-18-2009	03-30-2018	Active
Celticare Health Plan Holdings LLC	Secretary	Officer	02-18-2009	03-30-2018	Active
Celticare Health Plan of Massachusetts, Inc.	Secretary	Officer	10-20-2009	03-30-2018	Active
Cenpatico Behavioral Health of Arizona, LLC	Secretary	Officer	01-02-2008	04-25-2017	Active
Cenpatico Behavioral Health, LLC	Manager	Manager	03-07-2007	01-02-2019	Active
Cenpatico Behavioral Health, LLC	Secretary	Officer	05-03-2007	01-02-2019	Active
Cenpatico of Arizona, Inc.	Secretary	Officer	12-26-2012	09-17-2018	Active
CENPATICO OF CALIFORNIA, INC.	Director	Director	12-18-2014	06-01-2018	Active
CENPATICO OF CALIFORNIA, INC	Secretary	Officer	12-18-2014	06-01-2018	Active
Centene Center I, LLC	Secretary	Officer	06-07-2017	12-21-2018	Active
CENTENE CENTER II, LLC	Secretary	Officer	09-23-2015	12-21-2018	Active
Centene Center III, LLC	Secretary	Officer	10-24-2017	12-21-2018	Active
Centene Center LLC	Authorized Person	Authorized Signer	01-26-2009	05-25-2016	Active
Centene Center LLC	Manager	Manager		01-18-2018	Active
Centene Center LLC	Secretary	Officer		01-18-2018	Active
Centene Company of Texas LP	Director	Director	03-07-2007	05-03-2010	Active
	O contract of	Officer	03-07-2007	05-03-2010	Active
Centene Company of Texas LP	Secretary		00-01-2,007	00-03-2010	
Centene Company of Texas LP Centene Corporation	EVP, Secretary and Ger	Officer		04-24-2018	Active
Centene Corporation Centene Health Plan Holdings, Inc.		Officer Director	 11-16-2016		
Centene Corporation Centene Health Plan Holdings, Inc. Centene Health Plan Holdings, Inc.	EVP, Secretary and Ger			04-24-2018	Active
Centene Corporation Centene Health Plan Holdings, Inc.	EVP, Secretary and Ger Director	Director	 11-16-2016	04-24-2018 12-21-2018	Active Active
Centene Corporation Centene Health Plan Holdings, Inc. Centene Health Plan Holdings, Inc. Centene Holdings, LLC Centene Holdings, LLC	EVP, Secretary and Ger Director Secretary	Director Officer	 11-16-2016 11-16-2016	04-24-2018 12-21-2018 12-21-2018	Active Active
Centene Corporation Centene Health Plan Holdings, Inc. Centene Health Plan Holdings, Inc. Centene Holdings, LLC Centene Holdings, LLC Centene Management Company LLC	EVP, Secretary and Ger Director Secretary Sole Manager	Director Officer Manager	 11-16-2016 11-16-2016 03-07-2007	04-24-2018 12-21-2018 12-21-2018 05-03-2010	Active Active Active
Centene Corporation Centene Health Plan Holdings, Inc. Centene Health Plan Holdings, Inc. Centene Holdings, LLC Centene Holdings, LLC Centene Management Company LLC Centene UK Limited	EVP, Secretary and Ger Director Secretary Sole Manager Secretary	Director Officer Manager Officer	 11-16-2016 11-16-2016 03-07-2007 03-07-2007	04-24-2018 12-21-2018 12-21-2018 05-03-2010 05-03-2010	Active Active Active Active
Centene Corporation Centene Health Plan Holdings, Inc. Centene Health Plan Holdings, Inc. Centene Holdings, LLC Centene Holdings, LLC Centene Management Company LLC	EVP, Secretary and Ger Director Secretary Sole Manager Secretary Secretary	Director Officer Manager Officer	11-16-2016 11-16-2016 03-07-2007 03-07-2007	04-24-2018 12-21-2018 12-21-2018 05-03-2010 05-03-2010 05-01-2018	Active Active Active Active Active Active
Centene Corporation Centene Health Plan Holdings, Inc. Centene Health Plan Holdings, Inc. Centene Holdings, LLC Centene Holdings, LLC Centene Management Company LLC Centene UK Limited	EVP, Secretary and Ger Director Secretary Sole Manager Secretary Secretary Secretary	Director Officer Manager Officer Officer	11-16-2016 11-16-2016 03-07-2007 03-07-2007 03-07-2007 04-28-2017	04-24-2018 12-21-2018 12-21-2018 05-03-2010 05-03-2010 05-01-2018 04-28-2017	Active Active Active Active Active Active Active Active
Centene Corporation Centene Health Plan Holdings, Inc. Centene Health Plan Holdings, Inc. Centene Holdings, LLC Centene Holdings, LLC Centene Management Company LLC Centene UK Limited Centene Venture Company Florida Centene Venture Company Florida Centene Venture Company Illinois	EVP, Secretary and Ger Director Secretary Sole Manager Secretary Secretary Secretary Director	Director Officer Manager Officer Officer Officer Director	11-16-2016 11-16-2016 03-07-2007 03-07-2007 03-07-2007 04-28-2017 11-14-2018	04-24-2018 12-21-2018 12-21-2018 05-03-2010 05-03-2010 05-01-2018 04-28-2017 11-14-2018	Active Active Active Active Active Active Active Active Active
Centene Corporation Centene Health Plan Holdings, Inc. Centene Health Plan Holdings, Inc. Centene Holdings, LLC Centene Holdings, LLC Centene Management Company LLC Centene UK Limited Centene Venture Company Florida Centene Venture Company Florida Centene Venture Company Illinois Centene Venture Company Kansas	EVP, Secretary and Ger Director Secretary Sole Manager Secretary Secretary Secretary Director Secretary	Director Officer Manager Officer Officer Officer Director Officer	 11-16-2016 11-16-2016 03-07-2007 03-07-2007 03-07-2007 04-28-2017 11-14-2018 11-26-2018	04-24-2018 12-21-2018 12-21-2018 05-03-2010 05-03-2010 05-01-2018 04-28-2017 11-14-2018 11-26-2018	Active
Centene Corporation Centene Health Plan Holdings, Inc. Centene Health Plan Holdings, Inc. Centene Holdings, LLC Centene Holdings, LLC Centene Management Company LLC Centene UK Limited Centene Venture Company Florida Centene Venture Company Florida Centene Venture Company Illinois	EVP, Secretary and Ger Director Secretary Sole Manager Secretary Secretary Secretary Director Secretary Secretary	Director Officer Manager Officer Officer Officer Director Officer Officer	11-16-2016 11-16-2016 03-07-2007 03-07-2007 03-07-2007 04-28-2017 11-14-2018 11-26-2018	04-24-2018 12-21-2018 12-21-2018 05-03-2010 05-03-2010 05-01-2018 04-28-2017 11-14-2018 11-26-2018	Active
Centene Corporation Centene Health Plan Holdings, Inc. Centene Health Plan Holdings, Inc. Centene Holdings, LLC Centene Holdings, LLC Centene Management Company LLC Centene UK Limited Centene Venture Company Florida Centene Venture Company Florida Centene Venture Company Illinois Centene Venture Company Kansas	EVP, Secretary and Ger Director Secretary Sole Manager Secretary Secretary Director Secretary Secretary Director	Director Officer Manager Officer Officer Officer Director Officer Officer Director	11-16-2016 11-16-2016 03-07-2007 03-07-2007 03-07-2007 04-28-2017 11-14-2018 11-26-2018 11-26-2018	04-24-2018 12-21-2018 12-21-2018 05-03-2010 05-03-2010 05-01-2018 04-28-2017 11-14-2018 11-26-2018 11-26-2018 11-01-2018	Active
Centene Corporation Centene Health Plan Holdings, Inc. Centene Health Plan Holdings, Inc. Centene Holdings, LLC Centene Holdings, LLC Centene Management Company LLC Centene UK Limited Centene Venture Company Florida Centene Venture Company Florida Centene Venture Company Illinois Centene Venture Company Kansas Centene Venture Company Kansas Centene Venture Company Michigan Centene Venture Company Michigan	EVP, Secretary and Ger Director Secretary Sole Manager Secretary Secretary Director Secretary Director Secretary Director Secretary	Director Officer Manager Officer Officer Officer Director Officer Director Officer Director	11-16-2016 11-16-2016 03-07-2007 03-07-2007 03-07-2007 04-28-2017 11-14-2018 11-26-2018 11-01-2018 11-14-2018	04-24-2018 12-21-2018 12-21-2018 05-03-2010 05-03-2010 05-01-2018 04-28-2017 11-14-2018 11-26-2018 11-26-2018 11-01-2018 11-14-2018	Active
Centene Corporation Centene Health Plan Holdings, Inc. Centene Health Plan Holdings, Inc. Centene Holdings, LLC Centene Holdings, LLC Centene Management Company LLC Centene UK Limited Centene Venture Company Florida Centene Venture Company Florida Centene Venture Company Illinois Centene Venture Company Kansas Centene Venture Company Kansas Centene Venture Company Michigan	EVP, Secretary and Ger Director Secretary Sole Manager Secretary Secretary Director Secretary Director Secretary Director Secretary	Director Officer Manager Officer Officer Officer Director Officer Officer Officer Director Officer Director	11-16-2016 11-16-2016 03-07-2007 03-07-2007 03-07-2007 04-28-2017 11-14-2018 11-26-2018 11-01-2018 11-14-2018 11-14-2018	04-24-2018 12-21-2018 12-21-2018 05-03-2010 05-03-2010 05-01-2018 04-28-2017 11-14-2018 11-26-2018 11-01-2018 11-14-2018 11-14-2018	Active
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Centene Corporation Centene Health Plan Holdings, Inc. Centene Health Plan Holdings, Inc. Centene Health Plan Holdings, Inc. Centene Holdings, LLC Centene Management Company LLC Centene Wanagement Company Florida Centene Venture Company Florida Centene Venture Company Florida Centene Venture Company Illinois Centene Venture Company Kansas Centene Venture Company Kansas Centene Venture Company Michigan Centene Venture Company Michigan Centene Venture Company Michigan Centurion Correctional Healthcare of New Mexico, LLC Centurion of Alabama, LLC Centurion of Arizona, LLC	EVP, Secretary and Ger Director Secretary Sole Manager Secretary Secretary Director Secretary Director Secretary Director Secretary Director Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary	Director Officer Manager Officer Officer Officer Director Officer Director Officer Director Officer	11-16-2016 11-16-2016 03-07-2007 03-07-2007 03-07-2007 04-28-2017 11-14-2018 11-26-2018 11-01-2018 11-01-2018 11-07-2018 11-16-2018 06-29-2018 06-29-2018 06-29-2018	04-24-2018 12-21-2018 12-21-2018 05-03-2010 05-03-2010 05-01-2018 04-28-2017 11-14-2018 11-26-2018 11-01-2018 11-01-2018 11-07-2018 11-16-2018 06-29-2018 06-29-2018 06-29-2018	Active
Centene Corporation Centene Health Plan Holdings, Inc. Centene Health Plan Holdings, Inc. Centene Health Plan Holdings, Inc. Centene Holdings, LLC Centene Holdings, LLC Centene Management Company LLC Centene UK Limited Centene Venture Company Florida Centene Venture Company Florida Centene Venture Company Illinois Centene Venture Company Kansas Centene Venture Company Kansas Centene Venture Company Michigan Centene Venture Company Michigan Centene Venture Company Michigan Centene Venture Company Michigan Centurion Correctional Healthcare of New Mexico, LLC Centurion of Alabama, LLC Centurion of Florida, LLC Centurion of Florida, LLC	EVP, Secretary and Ger Director Secretary Sole Manager Secretary Secretary Director Secretary Director Secretary Director Secretary Director Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary	Director Officer Manager Officer Officer Officer Director Officer Director Officer Director Officer Director Officer	11-16-2016 11-16-2016 03-07-2007 03-07-2007 03-07-2007 04-28-2017 11-14-2018 11-26-2018 11-26-2018 11-01-2018 11-07-2018 11-16-2018 06-29-2018 06-29-2018 06-29-2018	04-24-2018 12-21-2018 12-21-2018 05-03-2010 05-03-2010 05-01-2018 04-28-2017 11-14-2018 11-26-2018 11-26-2018 11-01-2018 11-14-2018 11-16-2018 06-29-2018 06-29-2018 06-29-2018	Active
Centene Corporation Centene Health Plan Holdings, Inc. Centene Health Plan Holdings, Inc. Centene Holdings, LLC Centene Holdings, LLC Centene Management Company LLC Centene Wanagement Company Florida Centene Venture Company Florida Centene Venture Company Florida Centene Venture Company Illinois Centene Venture Company Kansas Centene Venture Company Kansas Centene Venture Company Michigan Centene Venture Company Michigan Centene Venture Company Michigan Centene Venture Company Michigan Centurion Correctional Healthcare of New Mexico, LLC Centurion Detention Health Services, LLC Centurion of Alabama, LLC Centurion of Florida, LLC Centurion of Georgia, LLC	EVP, Secretary and Ger Director Secretary Sole Manager Secretary Secretary Director Secretary Director Secretary Director Secretary Director Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary	Director Officer Manager Officer Officer Officer Director Officer Director Officer Director Officer Director Officer	11-16-2016 11-16-2016 03-07-2007 03-07-2007 03-07-2007 04-28-2017 11-14-2018 11-26-2018 11-26-2018 11-01-2018 11-01-2018 11-14-2018 11-16-2018 06-29-2018 06-29-2018 06-29-2018 06-29-2018	04-24-2018 12-21-2018 12-21-2018 05-03-2010 05-03-2010 05-01-2018 04-28-2017 11-14-2018 11-26-2018 11-26-2018 11-01-2018 11-14-2018 11-14-2018 11-14-2018 06-29-2018 06-29-2018 06-29-2018 06-29-2018 06-29-2018	Active

Centurion of Mississippi, LLC	Secretary	Officer	06-29-2018	06-29-2018	Active
Centurion of New Hampshire LLC	Secretary	Officer	06-29-2018	06-29-2018	Active
Centurion of Philadelphia LLC	Secretary	Officer	06-29-2018	06-29-2018	Active
Centurion of Tennessee, LLC	Secretary	Officer	06-29-2018	06-29-2018	Active
Centurion of Vermont, LLC	Secretary	Officer	06-29-2018	06-29-2018	Active
Centurion, LLC	Secretary	Officer	06-29-2018	06-29-2018	Active
CMC Hanley, LLC	Secretary	Officer		12-21-2018	Active
CMC Real Estate Company, LLC	Secretary	Officer	01-16-2009	12-21-2018	Active
Community Medical Holdings Corp.	Director	Director	05-23-2018	06-15-2018	Active
Community Medical Holdings Corp.	Secretary	Officer	05-23-2018	06-15-2018	Active
Coordinated Care Corporation	Assistant Secretary	Officer	09-04-2008	08-22-2017	Active
Coordinated Care of Washington, Inc.	Director	Director	04-16-2013	03-09-2018	Active
Coordinated Care of Washington, Inc.	Secretary	Officer	04-17-2013	03-09-2018	Active
Delaware First Health Plan, Inc.	Director	Director	08-15-2017	08-15-2017	Active
Delaware First Health Plan, Inc.	Secretary	Officer	08-15-2017	08-15-2017	Active
Envolve - New York, Inc.	Director	Director	03-19-2015	03-29-2018	Active
Envolve - New York, Inc.	Secretary	Officer	03-20-2015	03-29-2018	Active
Envolve Benefit Options, Inc.	Secretary	Officer	04-29-2016	07-30-2018	Active
Envolve Captive Insurance Company, Inc.	Secretary	Officer	11-30-2007	01-25-2019	Active
Envolve Dental IPA of New York, Inc.	Secretary	Officer	07-30-2018	01-25-2019	Active
Envolve Dental of Florida, Inc.	Secretary	Officer	07-29-2016	01-25-2019	Active
Envolve Dental of Texas, Inc.	Secretary	Officer	05-31-2016	06-01-2018	Active
Envolve Dental, Inc.	Secretary	Officer	05-10-2013	06-01-2018	Active
Envolve Holdings, Inc.	Director	Director	03-07-2007	03-21-2018	Active
Envolve Holdings, Inc.	Secretary	Vice President of	03-07-2007	03-21-2018	Active
Envolve Optical, Inc.	Secretary	Officer	08-31-2017	06-19-2018	Active
Envolve PeopleCare, Inc.	Director	Director	03-07-2007	01-02-2019	Active
Envolve PeopleCare, Inc.	Secretary	Vice President	03-07-2007	01-02-2019	Active
Envolve Pharmacy Solutions, Inc.	Director	Director	03-07-2007	03-15-2019	Active
Envolve Pharmacy Solutions, Inc.	Assistant Secretary	Officer	03-15-2019	03-15-2019	Active
ENVOLVÉ TOTAL VISION, INC	Secretary	Officer	01-19-2010	01-25-2019	Active
Envolve Vision Benefits, Inc	Secretary	Officer	01-02-2008	06-19-2018	Active
Envolve Vision IPA of New York, Inc.	Secretary	Officer	10-17-2018	01-25-2019	Active
Envolve Vision of Florida, Inc.	Secretary	Officer	01-19-2010	01-25-2019	Active
Envolve Vision of Texas, Inc.	Secretary	Officer	01-19-2010	07-30-2018	Active
Envolve Vision, Inc.	Secretary	Officer	01-19-2010	01-25-2019	Active
ENVOLVE, INC.	Director	Director	06-17-2015	03-28-2018	Active
ENVOLVE, INC.	Secretary	Officer	06-17-2015	03-28-2018	Active
Forensic Health Services, LLC	Secretary	Officer	**		Active
Foundation Care LLC	Manager	Manager	10-02-2017	03-15-2019	Active
Foundation Care LLC	Secretary	Officer	02-27-2017	03-15-2019	Active
GPT Acquisition, LLC	Manager	Manager	12-21-2018	12-21-2018	Active
GPT Acquisition, LLC	Secretary	Officer	06-20-2016	12-21-2018	Active
Granite State Health Plan, Inc.	Director	Director	03-14-2012	11-30-2018	Active
Granite State Health Plan, Inc.	Secretary	Officer	03-14-2012	11-30-2018	Active
Hallmark Life Insurance Co	Director	Director	••	07-23-2018	Active
Hallmark Life Insurance Co	Secretary	Officer	05-15-2008	07-23-2018	Active
Hallmark Life Insurance Co	Vice President	Officer	05-15-2008	07-23-2018	Active
Health Care Enterprises LLC	Secretary	Officer	02-14-2014	05-31-2018	Active
Health Net Access, Inc.	Secretary	Officer	04-27-2016	04-27-2016	Active
Health Net Community Solutions of Arizona, Inc.	Assistant Secretary	Officer	04-28-2016	03-22-2017	Active
Health Net Community Solutions, Inc.	Assistant Secretary	Officer	04-25-2016	03-20-2018	Active
Health Net Federal Services, LLC	Assistant Secretary	Officer	04-28-2016	••	Active
Health Net Health Plan of Oregon, Inc.	Secretary	Officer	04-28-2016	03-13-2018	Active
Health Net Life Insurance Company	Assistant Secretary	Officer	04-28-2016	03-21-2019	Active

Health Net Life Reinsurance Company	Assistant O. Part	_ iii			
Health Net of Arizona Administrative Services, Inc.	Assistant Secretary	Officer	04-28-2016	04-10-2017	Active
Health Net of Arizona Administrative Services, Inc.	Director	Director	04-28-2016	11-15-2018	Active
Health Net of Arizona, Inc.	Assistant Secretary	Officer	04-28-2016	03-22-2017	Active
Health Net of Arizona, Inc.	Director	Director	04-28-2016	11-15-2018	Active
Health Net of California Real Estate Holdings, Inc.	Assistant Secretary	Officer	04-28-2016	03-22-2017	Active
Health Net Pharmaceutical Services	Secretary	Officer	04-28-2016	04-27-2018	Active
Health Net Preferred Providers, LLC	Assistant Secretary	Officer	04-28-2016	03-15-2019	Active
Health Net Preferred Providers, LLC	Manager	Manager	04-28-2016		Active
Health Net Services, Inc.	Assistant Secretary	Officer	04-28-2016	**	Active
Health Net Services, Inc.	Director	Director	04-28-2016	**	Active
Health Net Veterans LLC	Assistant Secretary Assistant Secretary	Officer	04-28-2016	44	Active
Health Plan Real Estate Holding, Inc.	Director	Officer	04-28-2016		Active
Health Plan Real Estate Holding, Inc.	_	Director	05-28-2013	12-21-2018	Active
Healthy Louisiana Holdings LLC	Secretary	Officer	06-27-2013	12-21-2018	Active
Healthy Missouri Holdings, Inc.	Manager	Manager	06-29-2011	02-05-2019	Active
Healthy Missouri Holdings, Inc.	Director	Director	04-16-2012	05-08-2018	Active
Healthy Oklahoma Holdings, Inc.	Secretary Director	Officer	04-16-2012	05-08-2018	Active
Healthy Oklahoma Holdings, Inc.		Director	05-27-2016	05-27-2016	Active
Healthy Washington Holdings, Inc.	Secretary Director	Officer	05-27-2016	05-27-2016	Active
Healthy Washington Holdings, Inc.	Secretary	Director	04.07.0044	03-19-2018	Active
Heritage Home Hospice, LLC	_ 007	Officer	04-25-2014	03-19-2018	Active
Home State Health Plan, Inc.	Secretary	Officer	04-28-2016	**	Active
HOMESCRIPTS.COM, LLC	Secretary Manager	Officer	07-20-2011	05-08-2018	Active
HOMESCRIPTS.COM, LLC	_	Manager	03-24-2016	03-15-2019	Active
Hudson Acquisition, LLC	Secretary	Officer	03-24-2016	03-15-2019	Active
Hudson Acquisition, LLC	Manager Secretary	Manager	02-08-2019	02-08-2019	Active
IAH of Florida, LLC	Manager	Officer	02-08-2019	02-08-2019	Active
IAH of Florida, LLC	Secretary	Manager Officer	_		Active
IlliniCare Health Plan, Inc.	Secretary	Officer		44.00.0040	Active
Integrated Mental Health Management, LLC	Secretary	Officer	03-23-2010	11-08-2018	Active
Integrated Mental Health Services	Secretary	Officer	03-07-2007	04-03-2018	Active
Interpreta Holdings, Inc.	Director	Director	01-02-2008 03-23-2018	04-03-2018	Active
Interpreta Holdings, Inc.	Secretary	Officer	03-23-2018	03-23-2018	Active
Interpreta, Inc.	Secretary	Officer	05-04-2018	03-23-2018 05-04-2018	Active
Iowa Total Care, Inc.	Director	Director	02-13-2014		Active
Iowa Total Care, Inc.	Secretary	Officer	02-13-2014	05-22-2018	Active
Isla Holding Company, Inc.	Director	Director	07-21-2011	05-22-2018	Active
Isla Holding Company, Inc.	Secretary	Officer	07-21-2011	07-21-2011 05-31-2018	Active
Kentucky Spirit Health Plan, Inc.	Director	Director	03-31-2011	05-31-2018	Active Active
Kentucky Spirit Health Plan, Inc.	Secretary	Officer	06-20-2011	05-31-2018	Active
LBB Industries, Inc	Director	Director	05-05-2009	00-51-2010	Active
LBB Industries, Inc	Secretary	Officer	03-07-2007	*	Active
LIFESHARE MANAGEMENT GROUP, LLC	Manager	Manager	02-14-2017	06-04-2018	Active
LIFESHARE MANAGEMENT GROUP, LLC	Secretary	Officer	02-14-2017	06-04-2018	Active
LIVEHEALTHIER, INC.	Director	Director	11-04-2014	02-19-2018	Active
LIVEHEALTHIER, INC.	Secretary	Officer	11-04-2014	01-02-2019	Active
Louisiana Healthcare Connections, Inc.	Secretary	Officer	11-02-2009	08-15-2018	Active
LSM Holdco, Inc.	Director	Director	05-16-2013	06-04-2018	Active
LSM Holdco, Inc.	Secretary	Officer	05-16-2013	06-04-2018	Active
Magnolia Health Plan, Inc.	Secretary	Officer	02-14-2007		Active
Managed Health Network	Secretary	Officer	04-14-2016	04-10-2018	Active
Managed Health Network, LLC	Secretary	Officer	04-28-2016	04-10-2018	Active
Managed Health Services Illinois, Inc	Secretary	Officer	03-07-2007	03-07-2007	Active
Managed Health Services Insurance Corp	Secretary	Officer	03-07-2007	06-13-2018	Active
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MUN Correctional Conductation					
MHM Correctional Services, LLC	Secretary	Officer	(200)	(**)	Active
MHM Sequence of California, LLC	Secretary	Officer	190		Active
MHM Services of California, LLC	Secretary	Officer	~	**	Active
MHM Services, Inc. MHM Services, Inc.	Director	Director	04-02-2018	04-02-2018	Active
	Secretary	Officer	04-02-2018	06-29-2018	Active
MHM Solutions LLC MHN Global Services, Inc	Secretary	Officer	**	••	Active
, ==	Assistant Secretary	Officer	04-28-2016	02-08-2018	Active
MHN Government Services - Guam, Inc	Assistant Secretary	Officer	04-28-2016	-	Active
MHN Government Services - International, Inc.	Assistant Secretary	Officer	04-28-2016		Active
MHN Government Services - Puerto Rico, Inc.	Assistant Secretary	Officer	04-28-2016	-	Active
MHN Government Services LLC	Assistant Secretary	Officer	04-28-2016	-	Active
MHN Services, LLC	Manager	Manager	07-01-2017	04-10-2018	Active
MHN Services, LLC	Secretary	Officer	04-28-2016	04-10-2018	Active
MHS Consulting International, Inc	Director	Director		08-10-2015	Active
MHS Consulting International Inc	Secretary	Officer	03-07-2007	08-10-2015	Active
MHS European Holdings s, a r I	Manager	Manager		-	Active
MHS Travel and Charter, Inc.	Director	Director	03-26-2007	12-21-2018	Active
MHS Travel and Charter, Inc.	Secretary	Officer	03-27-2007	12-21-2018	Active
Michigan Complete Health, Inc.	Secretary	Officer	05-01-2015	05-23-2018	Active
National Pharmacy Services, Inc.	Assistant Secretary	Officer	04-28-2016	03-15-2019	Active
NEBRASKA TOTAL CARE, INC.	Secretary	Officer	09-16-2015	04-11-2019	Active
Network Providers, LLC	Assistant Secretary	Officer	04-28-2016	-	Active
New York Quality Healthcare Corporation	Assistant Secretary	Officer	06-28-2018	06-28-2018	Active
New York RX, Inc.	Director	Director	03-24-2016	03-15-2019	Active
New York RX, Inc.	Secretary	Officer	03-24-2016	03-15-2019	Active
Next Door Neighbors, Inc	Director	Director	10-25-2018	10-25-2018	Active
Next Door Neighbors, Inc.	Secretary	Officer	10-26-2018	10-26-2018	Active
Next Door Neighbors, LLC	Secretary	Officer	10-26-2018	10-26-2018	Active
Novasys Health, Inc.	Director	Director	05-03-2010	05-31-2017	Active
Novasys Health, Inc.	Secretary	Officer	05-03-2010	05-31-2017	Active
Oklahoma Complete Health, Inc.	Director	Director	06-22-2016	12-19-2017	Active
Oklahoma Complete Health, Inc.	Secretary	Officer	06-22-2016	12-19-2017	Active
Peach State Health Plan, Inc.	Assistant Secretary	Officer	09-26-2008	09-20-2018	Active
Peach State Health Plan, Inc.	Vice President	Officer	03-07-2007	09-20-2018	Active
Pennsylvania Health & Wellness, Inc.	Secretary	Officer	10-15-2015	11-02-2018	Active
Pennsylvania Health Care Plan, Inc.	Assistant Secretary	Officer	04-28-2016	04-28-2016	Active
QCA Health Plan, Inc.	Director	Director	04-01-2019	04-01-2019	Act ve
QCA Health Plan, Inc.	Secretary	Officer	04-01-2019	04-01-2019	Active
QualChoice Life and Health Insurance Company, Inc.	Director	Director	04-01-2019	04-01-2019	Active
QualChoice Life and Health Insurance Company, Inc.	Secretary	Officer	04-01-2019	04-01-2019	Active
Qualmed Plans for Health of Pennsylvania, Inc.	Director	Director		09-08-2017	Active
Qualmed Plans for Health of Pennsylvania, Inc.	Secretary	Officer	04-28-2016	09-08-2017	Active
Qualmed Plans for Health of Western Pennsylvania, Inc.	Director	Director	04-28-2016	09-08-2017	Active
Qualmed Plans for Health of Western Pennsylvania, Inc.	Secretary	Officer	04-27-2016	09-08-2017	Active
Qualmed, Inc.	Secretary	Sole Member	04-28-2016	09-08-2017	Active
Rx Direct, Inc	Director	Director	06-25-2014	03-15-2019	Active
Rx Direct, Inc	Secretary	Officer	06-25-2014	03-15-2019	Active
SilverSummit Healthplan, Inc.	Director	Director	03-07-2007	04-05-2018	Active
SilverSummit Healthplan, Inc.	Secretary	Officer	03-07-2007	04-05-2018	Active
SOCIAL HEALTH BRIDGE LLC	Secretary	Officer	03-27-2019	03-27-2019	Active
Specialty Therapeutic Care GP, LLC	Manager	Manager	03-15-2018	03-15-2018	Active
Specialty Therapeutic Care GP, LLC	Secretary	Officer	03-24-2016	03-15-2019	Active
Specialty Therapeutic Care GP, LLC	Vice President	Officer	03-15-2019	03-15-2019	Active
SPECIALTY THERAPEUTIC CARE HOLDINGS, LLC	Manager	Manager	04-01-2013	03-15-2019	Active
SPECIALTY THERAPEUTIC CARE HOLDINGS, LLC	Secretary	Officer	04-01-2013	03-15-2019	Active

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Specialty Therapeutic Care, LP	Manager	Manager	03-24-2016	03-15-2019	Active
Specialty Therapeutic Care, LP	Secretary	Officer	03-24-2016	03-15-2019	Active
Sunflower State Health Plan, Inc.	Secretary	Officer	09-15-2011	05-17-2018	Active
Sunshine Health Community Solutions, Inc.	Director	Director	12-11-2015	07-02-2018	Active
SUNSHINE HEALTH HOLDING LLC	Manager	Manager	07-19-2007	05-31-2018	Active
SUNSHINE HEALTH HOLDING LLC	Secretary	Officer	07-18-2007	05-31-2018	Active
Sunshine State Health Plan, Inc.	Secretary	Officer	04-07-2007	02-15-2018	Active
Superior HealthPlan Community Solutions, Inc.	Secretary	Officer	11-25-2015	12-10-2018	Active
Superior Healthplan, Inc.	Secretary	Officer	[*0]	11-30-2017	Active
Fennessee Total Care, Inc	Director	Director	01-24-2008	05-31-2018	Active
Tennessee Total Care, Inc.	Secretary	Officer	01-25-2008	05-31-2018	Active
The Centene Charitable Foundation	Director	Director	03-07-2007	06-25-2018	Active
The Centene Charitable Foundation	Secretary	Officer	03-07-2007	06-25-2018	Active
Fillium Community Health Plan, Inc.	Assistant Secretary	Officer	09-14-2015	03-12-2018	Active
J.S. Medical Management Holdings, Inc.	Secretary	Officer	01-06-2014	01-06-2014	Active
J.S. Medical Management, LLC	Secretary	Officer	-	_	Active
Iniversity Health Plans, Inc.	Director	Director			Active
Iniversity Health Plans, Inc.	Secretary	Officer			Active
firginia Total Care, Inc.	Director	Director	12-14-2015	05-31-2018	Active
/irginia Total Care, Inc.	Secretary	Officer	12-14-2015	05-31-2018	Active
Vestern Sky Community Care, Inc.	Director	Director	06-19-2012	09-26-2017	Active
Vestern Sky Community Care, Inc.	Secretary	Officer	06-19-2012	08-20-2018	Active

11b. Keith Williamson's New York bar license was suspended solely due to a failure to register with the Office of Court Administration and no other reason. Mr. Williamson was also not a member in good standing due to a failure to submit a motion for reinstatement. He then so filed and the New York Bar on December 8, 2005, reinstated him. See documentation attached.

11h. <u>I serve on the board of directors of PPL Corporation ("PPL"), a Fortune 500 utility holding company.</u> As described below, I and other directors of PPL were named as defendants in two related cases as the cases were initially filed in October, 2018; I and other PPL directors were dropped from the cases in January, 2019.

On October 29, 2018, Talen Montana, LLC filed a complaint against PPL and certain of its officers and directors (including Affiant) in the First Judicial District of the State of Montana, Lewis & Clark County ("Talen Direct Action"). On the same day, Talen Montana Retirement Plan and certain other creditors of Talen Montana filed a complaint against PPL and certain of its officers and directors in the Sixteenth Judicial District of the State of Montana, Rosebud County ("Talen Putative Class Action"). Talen Montana became a wholly-owned subsidiary of Talen Energy Corporation ("Talen Energy") as a result of the June 2015 spinoff of PPL Energy Supply, LLC. Talen Energy has owned and operated Talen Montana's business since the spinoff. At the time of the spinoff, affiliates of Riverstone Holdings, LLC acquired a 35% ownership interest in Talen Energy. Riverstone subsequently acquired the remaining interests in Talen Energy in 2016.

The complaints allege that in 2014 PPL and its officers and directors improperly distributed \$733 million of the proceeds from the November 2014 sale of Talen Montana's (then PPL Montana's) hydroelectric generating facilities to PPL's subsidiaries. The complaints also allege that PPL and certain current and former officers and directors of PPL and its subsidiaries breached their fiduciary duties in connection with the 2014 distribution. PPL believes that the referenced 2014 distribution of proceeds was made in compliance with all applicable laws and that PPL Montana was solvent upon the 2014 distribution. Additionally, in the agreements entered into with respect to the spinoff, affiliates of Talen Energy and Riverstone definitively agreed that PPL was entitled to retain the proceeds from the November 2014 sale of PPL Montana's hydroelectric generating facilities.

PPL believes that it has good and meritorious defenses to the asserted claims and fully plans to vigorously defend against these actions. To that end, on November 30, 2018, PPL Corporation filed a complaint ("Delaware Action") in the Delaware Court of Chancery against Talen Energy Corporation and certain Talen affiliates, including Riverstone Holdings LLC, it private equity owner, seeking damages and relief from the claims made by Talen in Montana state court.

In the Delaware Action, PPL, certain PPL subsidiaries, and certain current and former officers and directors (including Affiant) ask the Delaware Court of Chancery for declaratory and injunctive relief. This includes a declaratory judgment that, under the separation agreement governing the

Attachment B

spinoff of PPL Energy Supply, all related claims that arise must be heard in Delaware; that the statute of limitations in Delaware bars such claims at this point; that PPL is not liable for Talen's claims as PPL Montana was solvent at all relevant times; and that the separation agreement requires that Talen indemnify PPL for all losses arising from the debts of Talen Montana, among other things.

PPL's complaint also seeks damages against Riverstone for interfering with the separation agreement and against Riverstone affiliates for breach of the implied covenant of good faith and fair dealing. In addition, it asks the court to order, on behalf of creditors, the recovery of the \$500 million "special cash dividend" that Riverstone extracted from Talen Energy in December 2017. That dividend occurred about one year after Riverstone, Talen Energy's then largest shareowner, completed a take-private transaction of Talen to become its sole owner.

In December 2018, PPL moved to dismiss the Talen Direct Action for lack of jurisdiction and, in the alternative, to dismiss because Delaware is the appropriate forum to decide this case. In January 2019, Talen Montana dismissed without prejudice all current and former PPL directors from the case.

In December 2018, PPL removed the Talen Putative Class Action from the Sixteenth Judicial District of the State of Montana to the United States District Court for the District of Montana, Billings Division. In January 2019, the plaintiffs moved to remand the Talen Putative Class Action back to state court and dismissed without prejudice all current and former PPL directors from the case.

The above explanation is based on language in PPL's quarterly S.E.C. filings. The cases are all in the early stages of litigation.

APPELLATE DIVISION OF THE SUPREME COURT STATE OF NEW YORK: FIRST DEPARTMENT

In Re:			

The Matter of:

KEITH H. WILLIAMSON

Affidavit in Support of Motion for Reinstatement to the Bar

State of Connecticut)
) ss.:
County of Fairfield)

KEITH H. WILLIAMSON, being duly swom, deposes and says:

- 1. I currently reside at 160 Guinea Road, Stamford, Connecticut. I submit this Affidavit in support of my motion for reinstatement to the New York Bar as a retired member.
- 2. I became a member of the New York State Bar in June, 1983, and practiced law in New York City until May, 1988. In May, 1988 I began employment with Pitney Bowes Credit Corporation in Connecticut. I initially served as its Director of Tax and later as its General Counsel. In March, 1999 I transferred to the performance of non-legal executive duties for the Company, and am currently President of one its divisions.
- 3. In 1999 my membership in the New York Bar was suspended for failure to register with the Office of Court Administration. My membership was not suspended for any other reason. Sometime thereafter I became aware of the suspension, filed a registration form, and have filed registration forms for each registration period thereafter. In August 2005 I received notice that although I had cured my failure to register, I was not a member in good

standing with the Bar because the order suspending me required that a motion for reinstatement be made, and I had not made such a motion. (Exhibit A hereto.) If I had been aware that such a motion was necessary, I would have made it in 1999.

4. I hereby move for reinstatement as a retired attorney, as I may wish to practice law at some point in the future and have enjoyed my affiliation with the New York Bar. I believe that my regular filing of registration forms reflects my good faith efforts to comply with Judiciary Law Section 468-a with respect to this matter, and my commitment to the Bar.

Therefore, I respectfully move for readmission as a retired member, and I assure this Court that I will not recommence the practice of law without paying the required registration fees and complying with the continuing legal education requirements of the New York State Bar.

Keith H. Williamson

Sworn to before me this 9th day of November, 2005

Notary Public

SUSAN BURBANK Notary Public mmission Expires Nov. 30, 2006

Supreme Court State of New York Appellate Division First Department Attorney Records

60 Madison Avenue Room 202 New York, New York 10010

August 19, 2005

Keith H. Williamson 27 Waterview Drive Shelton, CT 6484

Dear Mr. Williamson:

Enclosed please find a copy of an order of this Court, filed May 6, 1999, suspending you from the practice of law, effective June 7 1999, for failure to register with the Office of Court Administration as required by Judiciary Law § 468-a.

Although you cured your failure to register by filing your registration form as a retired attorney, you were not restored to good standing as a retired member of the bar of the State of New York. In order to be reinstated as member of the bar of the State of New York, you must file a motion for reinstatement with this Court. The motion should be on notice to the Departmental Disciplinary Committee, 61 Broadway, New York, New York, 10006, explaining the circumstances of your prior failure to register, and have attached copies of your current registration statement. The Court will consider these circumstances in deciding the motion. In the meantime, you remain suspended from the practice of law in New York.

Also, please note that you cannot be retired from the practice of law in New York unless you are not practicing law in any jurisdiction. If you are currently practicing law in another jurisdiction you must either pay the biennial fee or move for resignation from the New York bar with this Court.

Very truly yours,

Sarah Jo Hamilton, Esq. Attorney Records Clerk At a Term of the Appellate Division of the Supreme Court held in and for the First Judicial Department in the County of New York on December 8, 2005.

12/11/05

PRESENT: Hon. Angela M. Mazzarelli,

David B. Saxe

Betty Weinberg Ellerin

Eugene Nardelli Milton L. Williams,

Justices.

In the Matter of Attorneys Who Are in Violation of Judiciary Law Section 468-a:

Departmental Disciplinary Committee for the First Judicial Department,
Petitioner,

M-6429

Justice Presiding

Keith H. Williamson, admitted on 6-20-83, at a Term of the Appellate Division, First Department,

Respondent.

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An order of this Court having been entered on May 6, 1999 [M-344.630], inter alia, suspending the above-named respondent from practice as an attorney and counselor-at-law in the State of New York, effective June 7,1999, and until the further order of this Court, for failure to comply with Judiciary Law § 468-a,

And respondent having moved for an order granting reinstatement as a retired attorney and counselor-at-law in the State of New York,

Now, upon reading and filing the papers with respect to the motion, and due deliberation having been had thereon, and it appearing that respondent complied with Judiciary Law §468-a on or about April 24, 2005, subsequent to the effective date of the aforesaid order,

It is ordered that the motion is granted and respondent is reinstated as a retired attorney and counselor-at-law in the state of New York, effective the date hereof.

ENTER:

Clerk

· Cailein O'Hagan Wolfe